



Medicaid Dental Provider Billing Workshop

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Who is Provider Relations and what do we do?

Provide outreach and training for Washington Apple Health (Medicaid) providers

Specialize in the use of the ProviderOne portal

Assist with program and policy questions

Medicaid
Overview

ProviderOne

Topics

Billing
Processes

Resources

Medicaid Overview

Medicaid Overview

Medicaid is no longer managed by DSHS

Medicaid is managed by the Health Care Authority

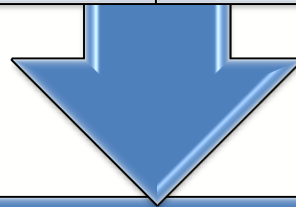
“Apple Health” is the new name for Medicaid

Medicaid Overview

How Medicaid purchases care

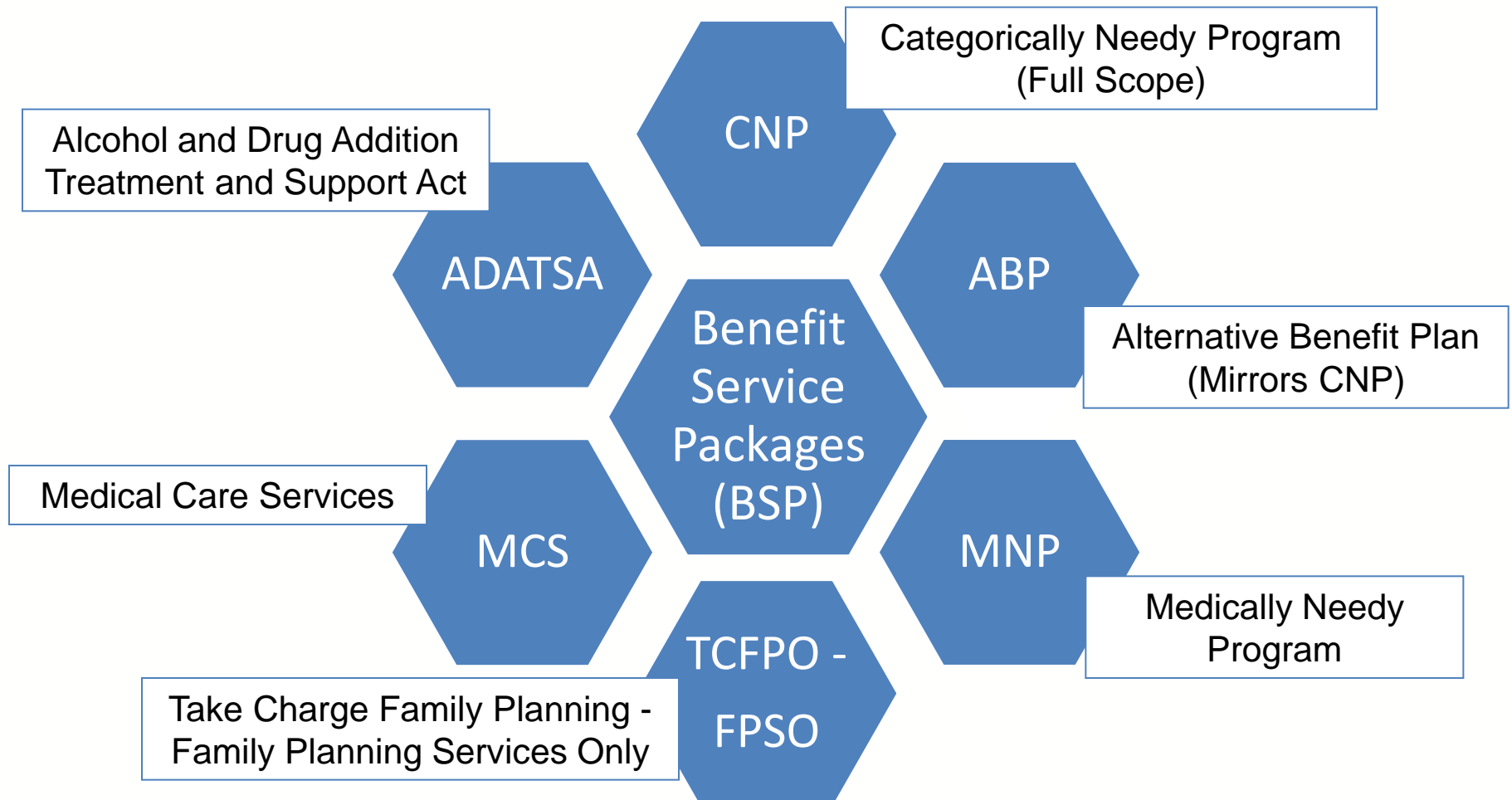
Fee for Service program

Managed Care



HCA's goal is to have the majority of the Medicaid clients on Managed Care. "Migration" to the plans started July 2012.

Eligibility Programs



For complete listing of BSP, visit:

http://www.hca.wa.gov/medicaid/provider/Documents/provideroneguide/appendix_e.pdf

ProviderOne

Accessing ProviderOne

- Before logging into ProviderOne:
 - ✓ Make sure you are using Microsoft Internet Explorer version 6.0 and above
 - ✓ Turn **OFF** the Pop Up Blocker
 - ✓ Make sure you are using a PC (MACs are not supported by ProviderOne)

ProviderOne Users

HCA establishes System Administrators for your domain/NPI

- A System Admin can assign profiles to other users as necessary
- Staff can be assigned one or more security profiles to meet their job duties and provide them the level of access necessary in the system.

ProviderOne Security web page link:

<http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx>

How to Get Access into the System

- Review the ProviderOne Security Manual at <http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx>
- New provider and don't have the "form" - Email ProviderOne Security at provideronesecurity@hca.wa.gov. In the subject line enter "request for Provider Supplemental Information Request Form"

How to Get Access into the System

- The Provider Supplemental Information Request form is for a newly enrolled Facility, Clinic, Individual Provider, or a new Office Administrator.
- Complete the form and fax it in to 360-586-0702 for ProviderOne access.




IMMEDIATE ACTION REQUIRED

ProviderOne ID:

PROVIDER SUPPLEMENTAL INFORMATION REQUEST

The Health Care Authority has transitioned to its new claims payment system called ProviderOne. Completion of this form is necessary to designate your Security Administrator who will be issued a Username and temporary password to access ProviderOne. Your Security Administrator is responsible for overseeing access to ProviderOne for your staff: setting up additional users and user profiles in your assigned Domain (ProviderOne ID).



PROVIDERONE SECURITY ADMINISTRATION	
Name of Security Administrator (First, Last, Middle Initial)	Physical Address (Street) (City) (State) (Zip)
Security Administrator's Date of Birth	Business Name
Security Administrator's Email Address	National Provider Identifier (NPI)
Security Administrator's Phone Number	Federal Tax ID (FEIN)
Providers must respond within seven (7) days of receiving this request. Fax this form back to HRSA/IT Security at (360) 586-0702, scan and email to provideronesecurity@hca.wa.gov or mail to Provider Enrollment, PO Box 45512, Olympia, WA 98504-5512.	

How to Set Up a User

- Log in with the **System Administrator** Profile
- Click on **Maintain Users**
- The system now displays the User List screen
- Click on the **Add** button

Provider	Hide/Max
Provider Inquiry	
Manage Provider Information	
Initiate New Enrollment	
Track Application	
HIPAA	Hide/Max
Submit HIPAA Batch Transaction	
Retrieve HIPAA Batch Responses	
Admin	Hide/Max
Change Password	
Maintain Users	

Welcome Administrator, System . You have logged-in with EXT Provider System Administrator profile. Links: --Select--

Path: Provider Portal / UserList
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Menu

Close **Add** Approve Reject

Manage Users:

Filter By : [] And [] With Status: Approved [Go]

	Name	Domain Name	Organization	Status	Start Date	End Date
<input type="checkbox"/>	Administrator, System	2857403	Mario Health Center	Approved	09/01/2009	12/31/2009

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

How to Set Up a User

➤ Adding a user

Add User:

Please enter the following information:


First Name: <input type="text"/> *	Middle Name: <input type="text"/>
Last Name: <input type="text"/> *	
User Login ID: <input type="text"/> *	User Type: Batch User *
Date of Birth: <input type="text"/> *	EID: <input type="text"/> *

Domain Name: 9999999

Start Date: 02/19/2014 *	Expiration Date: 12/31/2999 *
--------------------------	-------------------------------

Status: In Review

Comments:




Next Cancel

Add User:

Please enter the following information:

User Login ID: smithg	Domain: 9999999
Password: <input type="text"/> *	Confirm Password: <input type="text"/> *
Email: <input type="text"/> *	
Phone Number: <input type="text"/> *	Pager Number: <input type="text"/>
Mobile Number: <input type="text"/>	

Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>
(Enter Street Address or PO Box Only)	
Address Line 3: <input type="text"/>	City/Town: <input type="text"/>
State/Province: <input type="text"/>	County: <input type="text"/>
Country: <input type="text"/>	Zip Code: <input type="text"/> - <input type="text"/> <input type="text"/>



Back Finish Cancel

➤ Fill in all required boxes that have an asterisk *

➤ The address is not needed here

How to Set Up a User

- To Display the new user
 - ✓ In the **With Status** box display **In Review**, then click **Go**
 - ✓ The user's name is displayed with In Review status.
 - ✓ Click the box left of the user's name, then click the **Approve** button to approve this user.

Welcome Administrator, System . You have logged-in with EXT Provider System Administrator profile. Links: --Select--

Path: Provider Portal / UserList
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Menu

Close Add Approve Reject

Manage Users:

Filter By : [] And [] With Status: All [Go]

	Name	Domain Name	Organization	Status	Start Date	End Date
<input type="checkbox"/>	Administrator, System	2857403	Mario Health Center	Approved	09/01/2009	12/31/2999
<input type="checkbox"/>	Kim, Linda	2857403	Mario Health Center	In Review	09/10/2009	12/31/2999

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How to Set Up a User

➤ Adding Profiles

- ✓ Get here by clicking on the users name on the previous screen.

Welcome Administrator, System : You have logged-in with EXT Provider System Administrator profile. Links: --Select--

Path: Provider Portal/ UserList/ UserDetails
User Login Id : KimL Name: Kim, Linda

Menu

Close Save

User Details: [Search Box] Show: ---SELECT---
---SELECT---
Associated Profiles
Check List

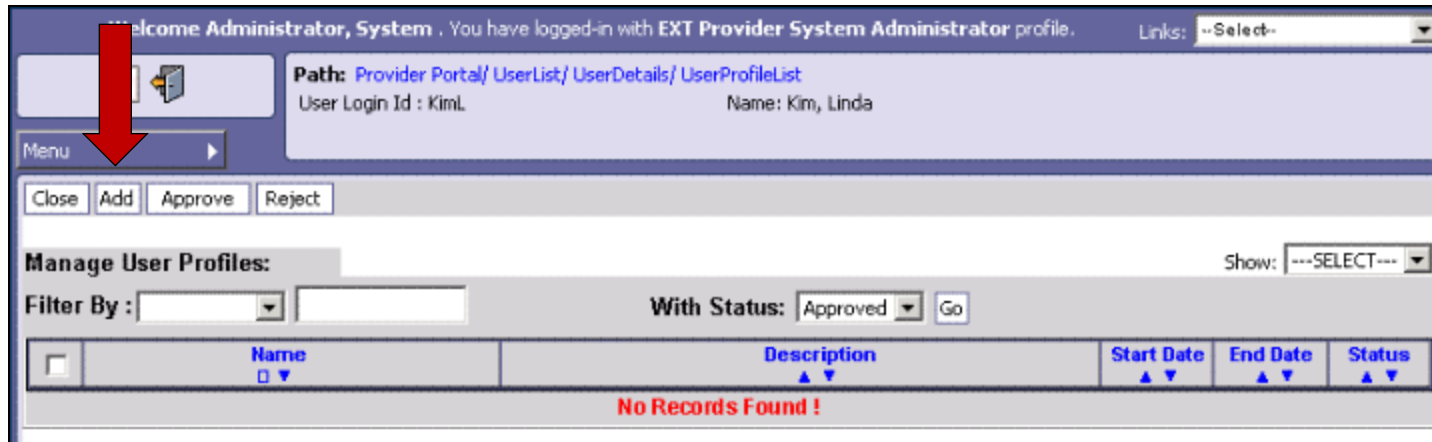
First Name: Linda Middle Name: []
Last Name: Kim Lock User: ☐
Date of Birth: 08/13/1975 Domain Name: 2857403
EID: 02376 UserType: NON-PHYSICIAN STAFF
User Name: Linda
Password: [] Confirm Password: []
Address Line 1: [] City/Town: []
(Enter Street Address or PO Box Only) County: []
Address Line 3: [] Zip Code: [] - [] Address
State/Province: [] Expiration Date: 12/31/2999

- ✓ On the Show menu click on **Associated Profiles**.

How to Set Up a User

➤ Adding Profiles

- ✓ Click on the **Add** button to select profiles



Welcome Administrator, System . You have logged-in with EXT Provider System Administrator profile. Links: --Select--

Path: Provider Portal/ UserList/ UserDetails/ UserProfileList
User Login Id : KimL Name: Kim, Linda

Menu

Close Add Approve Reject

Manage User Profiles: Show: ---SELECT---

Filter By : [] With Status: Approved [Go]

	Name □ ▼	Description ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
No Records Found !					

How to Set Up a User

➤ Adding Profiles

The screenshot shows a web browser window titled "Add New Profiles to User - Windows Internet Explorer". The page has a header with a question mark icon and a search bar. Below the header, the title "Add New Profiles to User:" is displayed. The main content area shows the user name "User Name: Kim, Linda". Below the name, there are two date fields: "Start Date: * 09/10/2009" and "End Date: * 12/31/2999". The page is divided into two main sections: "Available Profiles" on the left and "Associated Profiles" on the right. The "Available Profiles" list includes: EXT Provider Claims Payment Status Checker, EXT Provider Claims Submitter, EXT Provider Download Files, EXT Provider Eligibility Checker, EXT Provider Eligibility Checker-Claims Submitter, EXT Provider File Maintenance, EXT Provider File View Only, EXT Provider Managed Care Only, EXT Provider Upload Files, and EXT Provider Upload and Download Files. The "Associated Profiles" list includes: EXT Provider Super User and EXT Provider System Administrator. Between the two lists are two buttons: ">>" and "<<". A red arrow points from the "Available Profiles" list to the ">>" button. At the bottom right of the window, there are "OK" and "Cancel" buttons, with a red arrow pointing to the "OK" button.

➤ Highlight Available Profiles desired

- ✓ Click **double arrow** and move to Associated Profiles box then click the **OK** button.

How to Set Up a User

➤ Adding Profiles

Welcome Administrator, System . You have logged-in with EXT Provider System Administrator profile. Links: --Select--

Path: Provider Portal/ UserList/ UserDetails/ UserProfileList
User Login Id : KimL, Name: Kim, Linda

Menu
Close Add **Approve** Reject

Manage User Profiles: Show: --SELECT--

Filter By : [] [] **With Status:** All Go

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administrator	09/10/2009	12/31/2999	In Review
<input type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	09/10/2009	12/31/2999	In Review

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➤ To Display the new profiles

- ✓ In the **With Status** box display **All**, then click **Go**.
- ✓ The profiles are displayed with In Review status.
- ✓ Click the box left of the profile name, then click the **Approve** button. Profiles will then be approved.

How to Set Up a User

➤ How to set up a user's password

The screenshot shows a web-based user setup form. At the top left are 'Close' and 'Save' buttons. Below them is the 'User Details:' section header. On the right, there is a 'Show:' dropdown menu set to '---SELECT---'. The form contains several input fields: 'First Name' (Linda), 'Middle Name' (empty), 'Last Name' (Kim), 'Date of Birth' (08/13/1975), 'EID' (02376), 'User Name' (Linda), 'Password' (empty), 'Address Line 1' (empty), 'Address Line 3' (empty), 'State/Province' (empty), 'Country' (empty), 'Start Date' (09/10/2009), 'Status' (Approved), 'Lock User' (checkbox), 'Domain Name' (2857403), 'UserType' (NON-PHYSICIAN STAFF), 'City/Town' (empty), 'County' (empty), 'Zip Code' (empty), and 'Expiration Date' (12/31/2999). Two red arrows point to the 'Password' and 'Confirm Password' fields, which are currently empty. A small 'Address' button is located next to the 'Zip Code' field.

Close Save

User Details: Show: ---SELECT---

First Name: Linda Middle Name:

Last Name: Kim Lock User: ☐

Date of Birth: 08/13/1975 Domain Name: 2857403

EID: 02376 UserType: NON-PHYSICIAN STAFF

User Name: Linda

Password: Confirm Password:

Address Line 1: City/Town:

(Enter Street Address or PO Box Only)

Address Line 3: County:

State/Province: Zip Code: - Address

Country: Expiration Date: 12/31/2999

Start Date: 09/10/2009

Status: Approved

How to Manage a User

- How to reset a password
 - Enter the new temporary password and click **Save**

The screenshot shows a 'User Details' form with the following fields and values:

- Close** **Save** buttons at the top left.
- User Details:** header with a search bar and a **Show: ---SELECT---** dropdown.
- First Name:** Linda
- Last Name:** Kim
- Date of Birth:** 08/13/1975
- EID:** 02376
- User Name:** Linda
- Password:** (empty field, highlighted with a red arrow)
- Middle Name:** (empty field)
- Lock User:** ☐ (highlighted with a red arrow)
- Domain Name:** 2857403
- UserType:** NON-PHYSICIAN STAFF
- Confirm Password:** (empty field, highlighted with a red arrow)
- Address Line 1:** (empty field) (Enter Street Address or PO Box Only)
- Address Line 3:** (empty field)
- State/Province:** (empty field)
- Country:** (empty field)
- Start Date:** 09/10/2009
- City/Town:** (empty field)
- County:** (empty field)
- Zip Code:** (empty field) - (empty field) **Address** button
- Expiration Date:** 12/31/2999
- Status:** Approved

✓ To lock or unlock a User, click this box!

How to Manage a User

➤ How to end a user in ProviderOne

The screenshot shows the 'User Details' form in the ProviderOne system. At the top left, there are 'Close' and 'Save' buttons. A red arrow points to the 'Save' button. The form contains various fields for user information: First Name (Linda), Middle Name, Last Name (Kim), Date of Birth (08/13/1975), EID (02376), User Name (Linda), Password, Confirm Password, Address Line 1, Address Line 3, State/Province, Country, Start Date (09/10/2009), Status (Approved), Lock User (checkbox), Domain Name (2857403), UserType (NON-PHYSICIAN STAFF), City/Town, County, Zip Code, and Expiration Date (12/31/2999). A red arrow points to the 'Expiration Date' field. A 'Show: ---SELECT---' dropdown is located at the top right. A small 'Address' button is next to the Zip Code field.

- ✓ Enter the end date and click the **save** button.
- ✓ The account will be removed from view after the system refreshes overnight.

How can we help?

Provider Enrollment

- Assists with enrollment of billing/servicing providers
- Can be contacted at 800-562-3022, ext. 16137

User profiles

- Provider Relations can assist in a variety of formats tailored to individual needs
- To request assistance, send email to providerrelations@hca.wa.gov

Eligibility

How Do I Obtain Eligibility In ProviderOne

- Select the proper user profile

1

Welcome
to the
Medicaid Management Information System
for

Note: There are three different profiles that can be used for checking client eligibility in ProviderOne:

- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider Super User

Select a profile

EXT Provider Super User

* Go

2

Online Services:

Claims Hide/Max

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

Client Hide/Max

- Client Limit Inquiry
- Benefit Inquiry

Select Benefit Inquiry under the Client section of the Provider Portal

How Do I Obtain Eligibility In ProviderOne

- Use one of the search criteria listed along with the dates of service to verify eligibility.

Close Submit

To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.

- ProviderOne Client ID(Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID(Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code) AND Last Name

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry:

ProviderOne Client ID: SSN:

Last Name: First Name:

Date of Birth:

Inquiry Start Date: 12/20/2011 * Inquiry End Date: 12/20/2011 *

- An unsuccessful check would look like this:

Printer Friendly Version Close Submit Another Inquiry Exit

Selection Criteria Entered:

Date of Request: 12/20/2011
Time in Request: 09:02:28 AM PST
Provider ID: 200320900
From Date of Service: 12/20/2011
To Date of Service: 12/20/2011

Search Criteria Used

ProviderOne Client ID:
Client Date of Birth: 05/16/1973
Client SSN:
Client Last Name: JONES
Client First Name: JOE

Client Demographic Information:

ProviderOne Client ID:
Client First,Middle,Last Name:
CSO/HCS:
County Code:
CSOR:
Date of Birth:
Gender:
Language:
Placement:
ACES Client ID:
HIC:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 75 - Subscriber/Insured ID Not Found
Follow-Up Action Code: C - Please correct data and resubmit

Unsuccessful eligibility checks will be Returned with an error message here.

- ✓ Client is not eligible for your search dates; or
- ✓ Check your keying!

Successful Eligibility Check

Printer Friendly Version

Selection Criteria Entered:

4

Date of Request: 12/20/2011
Time in Request: 10:11:16 AM PST
Provider ID: 110320900
From Date of Service: 12/20/2011
To Date of Service: 12/20/2011

Search Criteria Used

ProviderOne Client ID: 600212788WA
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Client Demographic Information:

ProviderOne Client ID: 600212788WA
Client First,Middle,Last Name:
CSO/HCS: 133-OAK HARBOR/ISLAND COUNTY HCS
County Code: 015-Island
CSOR: 015-OAK HARBOR CSO
Date of Birth: 06/28/1951
Gender: Female
Language: ENG-English
Placement:
ACES Client ID: 602411160
HIC:

System Response Information:

Valid Request Indicator:
Reject Reason Code:
Follow-Up Action Code:

Basic client information returned including the Client ID, Gender, and Date of Birth

Note: The eligibility information can be printed out using the **Printer Friendly Version** link located in the upper left corner.

Successful Eligibility Check

- After scrolling down the page the first entry is the **Client Eligibility Spans** which show:
 - ✓ The eligibility program (CNP, MNP, etc.)
 - ✓ The date span for coverage

Insurance Type Code ▲ ▼	Recipient Aid Category (RAC) ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
MC: Medicaid	1147	CNP	02/01/2011	12/31/2999	L21			
◀ Prev Viewing Page 1 Next ▶▶ 1 Go Page Count SaveToXLS								

Note: Some sections of the eligibility screens do not apply to dental providers such as Managed Care Information and Restricted Client Information.

Note: Occasionally the Medicare Information section will be utilized by dental provider if the patient has a Medicare Part C plan listed. Providers will need to bill this plan primary if this plan covers dental services.

Successful Eligibility Check

Coordination of Benefits Information

- Will display phone number and any policy or group numbers on file with WA Medicaid for the commercial plans listed.
- For DDE claims the Carrier Code (Insurance ID) is found here.

Coordination of Benefits Information									
Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
30: Health Benefit Plan Coverage	C1: Commercial	KAISER PERMANENTE MED CARE (800) 813-2000	HM10		13482256			09/01/2010	12/31/2999
<div><< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS</div>									

Successful Eligibility Check Foster Care Information

- Foster Care Client's Medical Records History is available.
 - ✓ There is an extra button at the top of the eligibility screen.

The screenshot shows a web application interface for a Foster Care Eligibility Check. At the top, there is a 'Printer Friendly Version' link and four buttons: 'Close', 'Submit Another Inquiry', 'Medical Records' (highlighted with a red box), and 'Exit'. Below the buttons, the 'Selection Criteria Entered:' section displays the following information:

Date of Request: 08/18/2011	ProviderOne Client ID: 564532100WA
Time in Request: 07:20:08 AM PDT	Client Date of Birth:
Provider ID:	Client SSN:
From Date of Service: 08/18/2011	Client Last Name:
To Date of Service: 08/18/2011	Client First Name:

Below a horizontal separator, there are two columns of information:

Client Demographic Information:	System Response Information:
ProviderOne Client ID: 564532100WA	Valid Request Indicator:
Client First,Middle,Last Name: UNCLE SAM	Reject Reason Code:
CSO/HCS: 076-MEDS	Follow-Up Action Code:
County Code: 017-King	
CSOR: 043-KING SOUTH CSO	
Date of Birth: 12/28/2003	
Gender: Male	

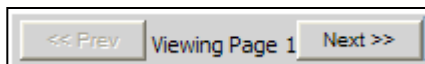
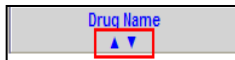
- ✓ Click the **Medical Records** button to see:
 - Pharmacy services claims
 - Medical services claims (**includes dental**)
 - Hospital services claims
- See the [Billing and Resource Guide](#) for complete details. Web address is on the last slide.

Successful Eligibility Check

Foster Care Information

➤ Foster Care Client's Medical Records History shows claims paid by ProviderOne. Each section looks like:

- If any field is empty there is no data for it.
- Sort by using the “diamonds” under each column name:
- Search by using the “Filter by Period” boxes.
- If there are more pages of data use the Next or Previous buttons:



- If there is no data for the section it will display:

No Records Found !

Printer Friendly version

Close

Pharmacy:

Filter By Period: All [] Go

Fill Date	Drug Name	Strength	Qty	Days	Refill Sequence	Prescriber Name	Pharmacy Name	Pharmacy Phone #
02/03/2011	VITAMIN D	1000 UNIT	60	30	00	FRANKLIN,BEH	BIG RIVER PHARMACY	(509) 555-2323
01/27/2011	POLYETHYLENE GLYCOL 3350	0	527	30	01	FRANKLIN,BEH	BIG RIVER PHARMACY	(509) 555-2323
01/18/2011	BACLOFEN	20 MG	90	30	00	FRANKLIN,BEH	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	LANZOPRAZOLE ODT	15 MG	60	30	00	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	BUPROFEN	400 MG	15	10	01	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323

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Medical Services (primary and specialty care):

Filter By Period: All [] Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	Procedure Code	Servicing Provider Name	Billing Provider Name	Billing Provider Phone #
02/02/2011	02/02/2011			D1120,D1203,D0150,T1015	HAMILTON, ANDREW	BIG RIVER DENTAL CLINIC	(509) 555-5678
01/24/2011	01/24/2011	3439 - Cerebral palsy NOS	7689,5181	A0425,A0428		MEDICAL AMBULANCE SERVICE	(509) 555-2222
01/24/2011	01/24/2011	78097 - Altered mental status	3481,79091,51881	A0425,A0429		MEDICAL AMBULANCE SERVICE	(206) 535-4444
12/16/2010	01/15/2011	V440 - Tracheostomy status	85400,04112,51889	E0445		HOME NURSING SUPPLY	(509) 555-3333
01/04/2011	01/04/2011	V440 - Tracheostomy status	51889,85400,04112	A7525		HOME NURSING SUPPLY	(509) 555-3333

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Hospital Care:

Filter By Period: All [] Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	ER/Outpatient/Inpatient	DRG Description	Attending Provider Name	Billing Provider Name	Billing Provider Phone #
01/24/2011	01/24/2011	47874 - Stenosis of larynx	3481,V440,3,7775,53081	Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167
01/11/2011	01/11/2011	51919 - Trachea & bronch dis NEC		Outpatient		KIDD, CIS CO	MEMORIAL HOSPITAL	(509) 555-6789
10/27/2010	10/27/2010	85406 - Brain inj NEC-coma NOS		Outpatient		KIDD, CIS CO	MEMORIAL HOSPITAL	(509) 555-6789
09/30/2010	09/30/2010	78720 - Dysphagia H/O-	78722	Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167
09/21/2010	09/21/2010	47874 - Stenosis of larynx		Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Gender and Date of Birth Updates

- Verified with ProviderOne system staff as of 01/27/14:
 - A large number of claims are denied due to a mismatch between the patient's DOB in the provider's record and the ProviderOne's client eligibility file. Providers can send a secure email to mmishelp@hca.wa.gov with the client's ProviderOne ID, name, and correct DOB. The same is true if providers find a gender mismatch; send the ProviderOne client ID, name, and correct gender to the same email address.

Verifying Eligibility

- Coverage status can change at any time
 - ✓ Verify coverage for each visit
 - ✓ Print the Benefit Inquiry result
 - ✓ If eligibility changes after this verification, HCA will honor the printed screen shot.
 - Exception: Client with commercial insurance carrier that is loaded after you verify eligibility; commercial insurance must be billed first.

Direct Data Entry (DDE) Claims

Fee For Service Claims and
Commercial Insurance Secondary
Claims

After this training, you can:


- Submit fee for service DDE claims
- Create and Submit TPL secondary claims DDE
 - ✓ With backup
 - ✓ Without backup

Direct Data Entry (DDE) Claims

- ProviderOne allows providers to enter claims directly into the payment system.
- All claim types can be submitted through the DDE system:
 - ✓ Professional (CMS 1500)
 - ✓ Institutional (UB-04)
 - ✓ Dental (ADA Form)
- Providers can CORRECT and RESUBMIT denied or previously voided claims.
- Providers can ADJUST or VOID previously paid claims.

Determine What Profile to Use

Welcome
to the
Medicaid Management Information System
for



Select a profile to use during this session:

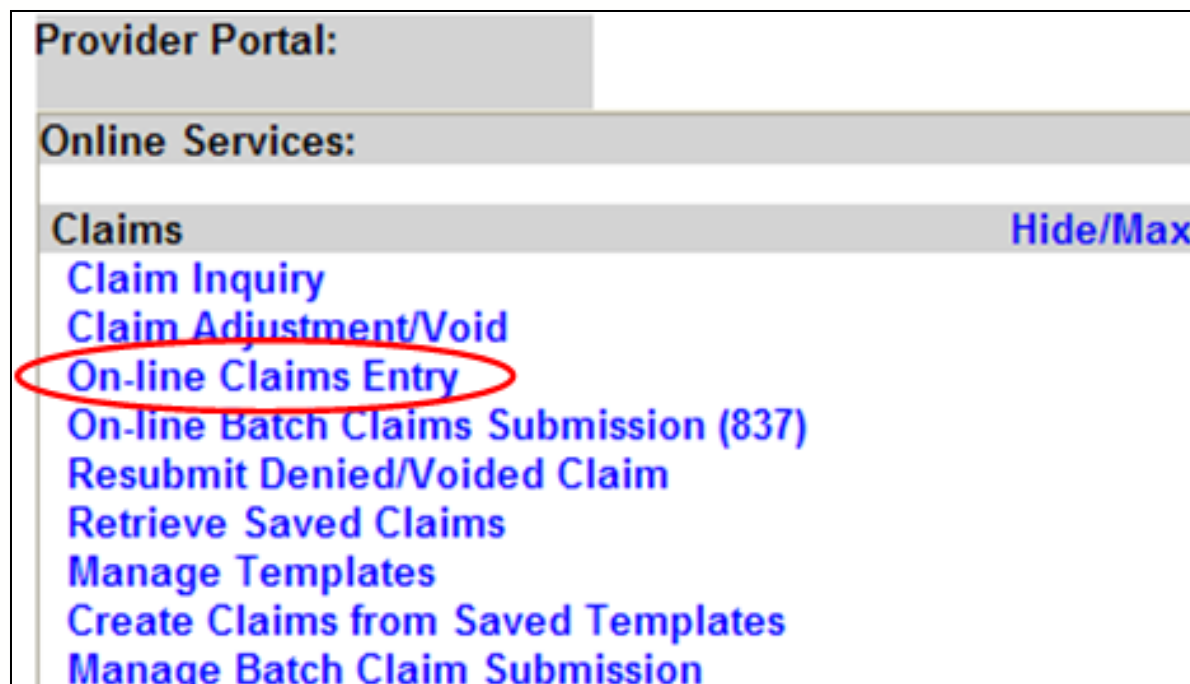
EXT Provider Super User	▼	* Go
EXT Provider Claims Submitter		
EXT Provider Eligibility Checker-Claims Submitter		

For claims submission choose one of the following profiles:

- EXT Provider Super User
- EXT Provider Claims Submitter
- EXT Provider Eligibility Checker – Claims Submitter

Direct Data Entry (DDE) Claims

- From the Provider Portal select the **Online Claims Entry** option located under the Claims heading.



The screenshot shows a web interface for a Provider Portal. At the top is a grey header bar labeled "Provider Portal:". Below this is a section titled "Online Services:" in a grey bar. Underneath, there is a list of services. A grey bar labeled "Claims" serves as a category header, with a "Hide/Max" link to its right. The list of services includes: "Claim Inquiry", "Claim Adjustment/Void", "On-line Claims Entry" (which is circled in red), "On-line Batch Claims Submission (837)", "Resubmit Denied/Voided Claim", "Retrieve Saved Claims", "Manage Templates", "Create Claims from Saved Templates", and "Manage Batch Claim Submission". All service links are in blue text.

Provider Portal:
Online Services:
Claims Hide/Max
Claim Inquiry
Claim Adjustment/Void
On-line Claims Entry
On-line Batch Claims Submission (837)
Resubmit Denied/Voided Claim
Retrieve Saved Claims
Manage Templates
Create Claims from Saved Templates
Manage Batch Claim Submission

Provider Portal

- Choose the type of claim that you would like to submit with the appropriate claim form:
 - Professional - HCFA 1500
 - Institutional - UB04
 - Dental - 2006 ADA

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Direct Data Entry (DDE) Claims

Dental Claim:

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info **Other Claim Info**

Billing Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

? * Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No Top

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

☐ **Additional Subscriber/Client Information**

☒ **OTHER INSURANCE INFORMATION** Top

CLAIM INFORMATION

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

* Service Date: mm dd ccyy

* Place of Service:


☒ **Additional Claim Data**

☒ **Diagnosis Codes**

Direct Data Entry (DDE) Claims

PRIOR AUTHORIZATION

CLAIM NOTE

 * Is this claim accident related? ☐ Yes ☐ No

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.


BASIC SERVICE LINE ITEMS


* Procedure Code:

* Submitted Charges: \$

Place of Service:

Modifiers: 1: 2: 3: 4:

 **Diagnosis Pointers**

 **Tooth Information**

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: (If different from the claim service date)

Appliance Placement Date:

Oral Cavity Designation: 1: 2:
3: 4:
5:

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 0

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number
			1	2	3	4	1	2	3	4	1	2	3	4	5					

Billing Provider Information

- Section 1: Billing Provider Information of the DDE Dental claim form

Dental Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info

Other Claim Info

Billing Provider | Subscriber | Claim | Service

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

?

 * Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No


Billing Provider Information

- Enter the Billing Provider NPI and taxonomy code
 - ✓ This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.


BILLING PROVIDER	
* Provider NPI:	<input type="text"/>
* Taxonomy Code:	<input type="text"/>

Rendering Provider Information

- If the Rendering Provider is the same as the Billing Provider answer the question **YES** and go on to the next section.

 * Is the Billing Provider also the Rendering Provider? ☒ Yes ☐ No

- If the Rendering Provider is different than the Billing Provider entered in the previous question, answer **NO** and enter the Rendering (Performing) Provider NPI and Taxonomy Code.

 * Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING (PERFORMING) PROVIDER

* Provider NPI: * Taxonomy Code:

Subscriber/Client Information

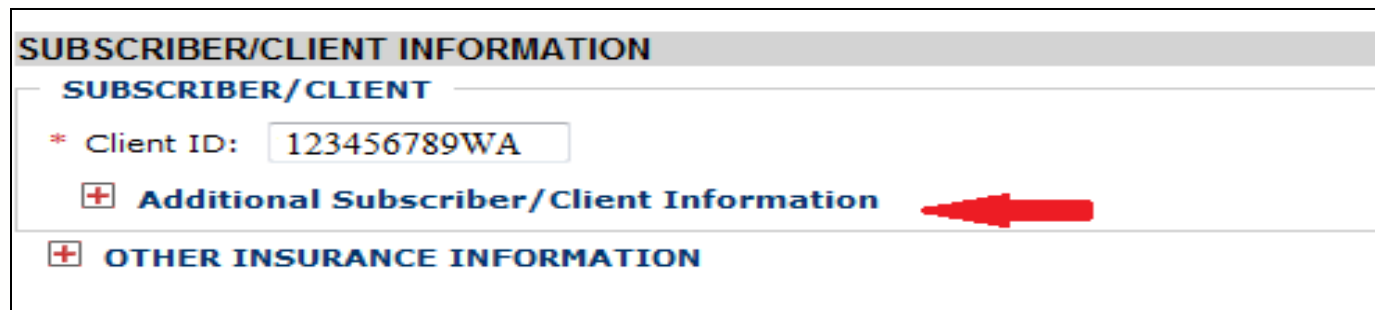
➤ Section 2: Subscriber/Client Information

SUBSCRIBER/CLIENT INFORMATION	
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
<input type="checkbox"/> Additional Subscriber/Client Information	
<input type="checkbox"/> OTHER INSURANCE INFORMATION	

Subscriber/Client Information

- Enter the Subscriber/Client ID found on the WA Medicaid services card. This ID is a 9-digit number followed by **WA**.

✓ Example: **123456789WA**



A screenshot of a web form titled "SUBSCRIBER/CLIENT INFORMATION". The form has a header bar with the title. Below the header, there is a section titled "SUBSCRIBER/CLIENT" with a minus sign icon. Under this section, there is a field labeled "* Client ID:" with the value "123456789WA" entered. Below the field, there are two expandable sections: "Additional Subscriber/Client Information" and "OTHER INSURANCE INFORMATION", both with plus sign icons. A red arrow points to the plus sign icon for "Additional Subscriber/Client Information".

- Click on the red + to expand the Additional Subscriber/Client Information to enter additional required information.

Subscriber/Client Information

- Once the field is expanded enter the patient's Last Name, Date of Birth, and Gender.
 - ✓ Date of birth must be in the following format:
MM/DD/CCYY

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 123456789WA

☐ **Additional Subscriber/Client Information**

* Org/Last Name: SMITH First Name: MC

* Date of Birth: mm dd cyy 12 01 1992 * Gender: M-Male ▼

Insurance Other than Medicaid

- If the client has other commercial insurance open the Other Insurance Information section by clicking on the red + expander. If there is no insurance skip over this.



Other Insurance Information

- Then open up the 1 Other Payer Insurance Information section by clicking on the red + expander.



Other Insurance Information



1 Other Payer Insurance Information

Insurance Other than Medicaid

- Enter the Payer/Insurance Organization Name then;

☐ OTHER INSURANCE INFORMATION

– ☐ 1 OTHER PAYER INSURANCE INFORMATION

☒ Other Subscriber Information

☒ Secondary ID Information

☒ Other Insurance Coverage

☒ Medicare Outpatient Adjudication Information

– Other Payer Information

* Payer/Insurance Organization Name:

☒ Additional Other Payer Information

- Open up the Additional Other Payer Information section by clicking on the red + expander.

Insurance Other Than Medicaid

- In the Additional Other Payer Information section fill in the following information:

Other Payer Information

* Payer/Insurance Organization Name:

☐ **Additional Other Payer Information**

Entity Qualifier:

* ID: * ID Type:

Claim Check or Remittance Date: mm dd ccyy

Number Type: PA/Referral No.:

Payer Claim Adjustment: ☐ Yes ☐ No

☐ **Secondary ID Information**

Enter the Insurance ID number, ID Type, and processing date of the insurance EOB

- The next slide shows where to get the **ID** number.

Insurance Other Than Medicaid

- Use the Insurance Carrier Code found on the client eligibility screen under the Coordination of Benefits section as the **ID** number for the insurance company; or
- Use the assigned insurance company ID provided on the insurance EOB.

Coordination of Benefits Information									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▼
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SMITH, MC	426687BC7			04/01/2007	12/31/2999

Insurance Other Than Medicaid

- Enter the total amount paid by the commercial private insurance.

The screenshot shows a web form titled "OTHER INSURANCE INFORMATION". It contains several sections: "1 OTHER PAYER INFORMATION", "Other Payer Information", "Additional Other Payer Information", "Secondary ID Information", "COB Monetary Amounts", and "Additional COB Information". The "COB Monetary Amounts" section is highlighted with a red box. The form includes fields for Payer/Insurance Organization Name (Premera), ID (BC01), ID Type (PI-Payor Identification), Claim Check or Remittance Date (12/15/2010), Number Type, and COB Payer Paid Amount (28.10).

☐ OTHER INSURANCE INFORMATION

☐ 1 OTHER PAYER INFORMATION

Other Payer Information

* Payer/Insurance Organization Name:

☐ Additional Other Payer Information

* ID: * ID Type:

Claim Check or Remittance Date:

Number Type:

☐ Secondary ID Information

COB Monetary Amounts

COB Payer Paid Amount:

☐ Additional COB Information

Note: If the insurance applied to the deductible enter a \$0 here.

Note: If the claim is for an insurance denial enter a \$0 here.

Insurance Other Than Medicaid

- Click on the red **+** to expand the Claim Level Adjustments section.

☐ **OTHER INSURANCE INFORMATION**

☐ **1 OTHER PAYER INSURANCE INFORMATION**

Other Payer Information

* Payer/Insurance Organization Name:

☐ **Additional Other Payer Information**

* ID: * ID Type:

Claim Check or Remittance Date:

mm dd ccyy

12 15 2010

Number Type: PA/Referral No.:

☐ **Secondary ID Information**

COB Monetary Amounts

COB Payer Paid Amount:

☐ **Additional COB Information**

☐ **OTHER PAYER BILLING PROVIDER**

☐ **OTHER PAYER ASSISTANT SURGEON**

☐ **CLAIM LEVEL ADJUSTMENTS**

☐ **Other Subscriber Information**

☐ **Other Insurance Coverage**

53

Washington State
Health Care Authority

Insurance Other Than Medicaid

- Enter the adjustment Group Code, Reason Code (Number Only), and Amount

CLAIM LEVEL ADJUSTMENTS					
1	* Group Code :	<div>CO-Contractual Obligations</div> <div>CR-Correction and Reversals</div> <div>OA-Other adjustments</div> <div>PI-Payer Initiated Reductions</div> <div>PR-Patient Responsibility</div>	* Reason Code :	* Amount :	Quantity :
2	Group Code :		Reason Code :	Amount :	Quantity :
3	Group Code :		Reason Code :	Amount :	Quantity :
4	Group Code :		Reason Code :	Amount :	Quantity :
5	Group Code :		Reason Code :	Amount :	Quantity :

Note: The Agency only accepts the standardized HIPAA compliant group and reason codes. These can be located at the following website: <http://www.wpc-edi.com/reference/>

Claim Information

➤ Section 3: Claim Information Section

CLAIM INFORMATION

Go to [Other Claim Info](#) to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

123456

* Service Date:

mm

dd

ccyy

03

10

2012

* Place of Service:

11-OFFICE

Additional Claim Data

Diagnosis Codes

PRIOR AUTHORIZATION

CLAIM NOTE

* Is this claim accident related?

☐ Yes ☒ No

Patient Account Number

- The Patient Account No. field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.

Patient Account No.:	<input type="text" value="123456"/>
----------------------	-------------------------------------

- **Note:** Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

Service Date

- Enter the date of service here. This date will be placed on all lines of the claim.

* Service Date:	mm	dd	ccyy
	03	10	2012

Place of Service

- With 5010 implementation, the Place of Service box has been added to the main claim section. Choose the appropriate **Place of Service** from the drop down.

* Place of Service: 11 - OFFICE ▼

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

- **Note:** The Place of Service is required in this section but can still be added to the line level of the claim. Line level is not required.

Additional Claim Data

- The Additional Claim Data red + expander will allow the provider to enter the patient's spenddown amount.



Additional Claim Data

- If patient has a spenddown click on the red + expander to display the below image. Enter the spenddown amount in the **Patient Paid Amount** box.

☐ **Additional Claim Data**

* Place of Service:

Delay Reason Code:

Provider Signature on File:

☐ Yes ☐ No

Special Program Type Code:

Provider Accept Assignment Code:

Benefits Assignment Certification:

Release Of Information Code:

Patient Signature Source Code:

Patient Paid Amount:

Contract Code:

Anesthesia Related Procedure Code 1:

Anesthesia Related Procedure Code 2:

Prior Authorization

- If a Prior Authorization number needs to be added to the claim, click on the red + to expand the Prior Authorization fields.
- EPA numbers are considered authorization numbers and should be entered here.

☐ **PRIOR AUTHORIZATION**

1. **+** Prior Authorization Number:

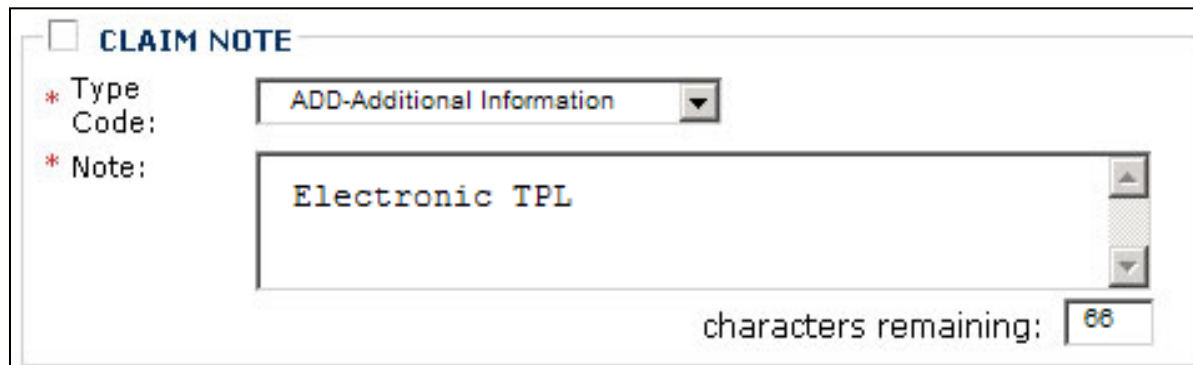
- **Note:** We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim.

Claim Note

- A note may need to be added to the claim to assist in the processing.




- Click on the red + to expand the Claim Note section.
 - ✓ Enter the Type Code **ADD-Additional Information**.
 - ✓ The NOTE must say **Electronic TPL** if no EOB is sent.
 - ✓ The note could say Sending ins. EOB if the EOB is sent.
 - ✓ ProviderOne allows up to 80 characters.

A screenshot of a web form titled "CLAIM NOTE" with a collapsed checkbox. Below the title, there are two fields. The first is labeled "* Type Code:" and has a dropdown menu showing "ADD-Additional Information". The second is labeled "* Note:" and has a large text area containing the text "Electronic TPL". To the right of the text area are up and down arrow buttons. At the bottom right of the form, it says "characters remaining:" followed by a small box containing the number "66".

Is the Claim Accident Related?

- This question will almost always be answered **NO** as Washington Medicaid has a specific casualty office that handles claims where another casualty insurance may be primary.
- ✓ The Casualty office can be reached at 800-562-3022 ext 15462.

 * Is this claim accident related?	<input type="radio"/> Yes <input type="radio"/> No
--	--

Basic Service Line Items

➤ Section 4: Basic Line Item Information

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: \$

Place of Service:

Modifiers: 1: 2: 3: 4:

☐ **Diagnosis Pointers**

☐ **Tooth Information**

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: (If different from the claim service date)

Appliance Placement Date:

Oral Cavity Designation: 1: 2:

3: 4:

5:

☐ **Prior Authorization**

☐ **Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 0

Line No	Proc. Code	Submitted Charges	Modifiers	Diagnosis Pnters	Oral Cavity	Units	Service Date	Appliance Placement	Tooth/Surface	PA Number
			1 2 3 4	1 2 3 4	1 2 3 4 5					

Basic Service Line Items

➤ Enter the Procedure Code

* Procedure Code:

➤ **Note:** Use current codes listed in the coding manuals.

➤ Enter Submitted Charges


* Submitted Charges: \$

➤ **Note:** If dollar amount is a whole number no decimal point is needed.


➤ **Note:** The Agency requests that providers enter their usual and customary charges here. If providers have billed a commercial insurance, please enter the same charges here as billed to the primary. If a provider is billing a service that required prior authorization, please enter the same amount you requested on the authorization because these amounts must match.

Basic Service Line Items

- Optional - Place of Service Code (not required here as already entered)

Place of Service: 

- Modifiers are not required on a dental claim
- Diagnoses are not required on a dental claim

Modifiers: 1: 2: 3: 4:
 **Diagnosis Pointers**

Basic Service Line Items

Tooth Information

- If the service requires tooth information, click on the **+** to expand this section:
 - ✓ Enter the tooth number/letter
 - ✓ Tooth numbers are single digits (unless a supernumerary tooth)
 - ✓ Enter the tooth surface(s) if required

The screenshot shows a form titled "Tooth Information" with a plus icon in the top left corner. The form contains the following fields:

- Tooth Code/Number:** A text input field with a red asterisk (*) to its left. To the right of this field is a blue link labeled "Add Another".
- Tooth Surface:** A section with five dropdown menus labeled 1: through 5:.

The first dropdown menu (1:) is open, showing a list of tooth surfaces: B-Buccal, D-Distal, F-Facial, I-Incisal, L-Lingual, M-Mesial, and O-Occlusal. The "B-Buccal" option is currently selected and highlighted in blue.

- Only add one tooth per service line!

Basic Service Line Items

- Enter procedure Units:
 - ✓ DO NOT enter minutes in this box.
 - ✓ Old language not removed yet.

➤ **Note:** At least 1 unit is required.

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)
Ignore this statement!

- If billing two different dates of service on the same claim, enter the second date here (applied to this line only).

Service Date: mm dd ccyy (If different from the claim service date)
Appliance Placement Date: mm dd ccyy

- If billing for Orthodontic services enter the banding date here as the Appliance Placement Date.

Basic Service Line Items

Oral Cavity Designation

- If the service requires a HIPAA oral area designation:
 - ✓ Click on the appropriate **Arch designation**; or
 - ✓ Click on the appropriate **Quadrant designation**.

Oral Cavity Designation: 1: 2:
3: 4:
5:

00-Oral Intraoral Cavity
01-Oral Maxillary Area
02-Oral Mandibular Area
09-Other Area of Oral Cavity
10-Upper Right Quadrant
20-Upper Left Quadrant
30-Lower Left Quadrant
40-Lower Right Quadrant
L-Left
R-Right

- Only indicate one oral area per service line.

Basic Service Line Items

- If a Prior Authorization number needs to be added to a line level service, click on the red + to expand the Prior Authorization.



Prior Authorization

- **Note:** If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

- The Additional Service Line Information is not needed for claims submission.



Additional Service Line Information

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on the claim.

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 125

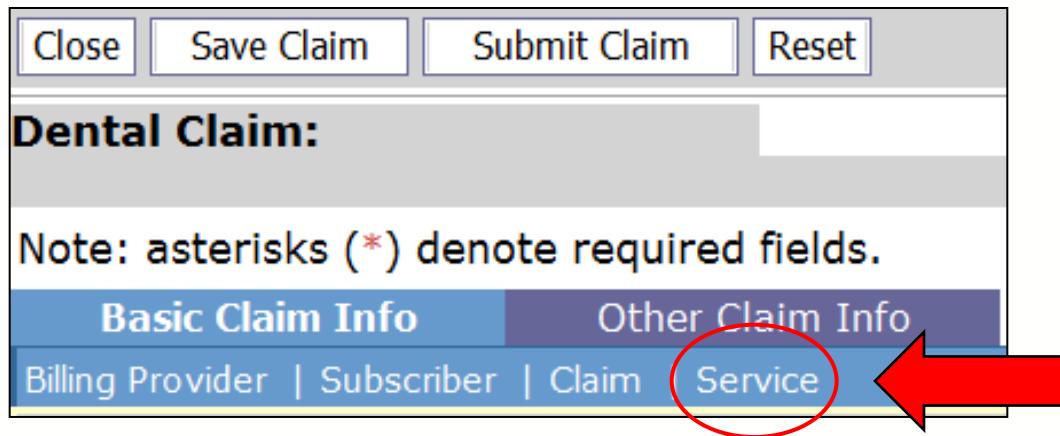
Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0120	125													1					Delete or Other Service Info	

- **Note:** Please ensure all necessary claim information has been entered before clicking the Add Service Line Item button to add the service line to the claim.

- **Note:** Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink to get quickly back to the Basic Service Line Items section.



The screenshot shows a web form interface. At the top, there are four buttons: "Close", "Save Claim", "Submit Claim", and "Reset". Below these buttons is a section titled "Dental Claim:". Underneath this title is a note: "Note: asterisks (*) denote required fields." Below the note is a horizontal tabbed interface with two tabs: "Basic Claim Info" (which is active and highlighted in blue) and "Other Claim Info" (which is greyed out). Under the "Basic Claim Info" tab, there are four links: "Billing Provider", "Subscriber", "Claim", and "Service". The "Service" link is circled in red, and a large red arrow points to it from the right.

- Follow the same procedure as outlined above for entering data for each line.

Update Service Line Items

- Update a previously added service line item by clicking on the **line number** of the line that needs to be updated. This will re-populate the service line item boxes for changes to be made.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 125

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0120	125													1						Delete or Other Service Info

- **Note:** Once the line number is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item boxes and make corrections.

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on the claim.

Add Service Line Item
Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 420

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	1	2	3	4	5							
1	D0120	125													1							Delete or Other Service Info

- **Note:** Once the Update Service Line Item button is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the **Delete** option at the end of the added service line.

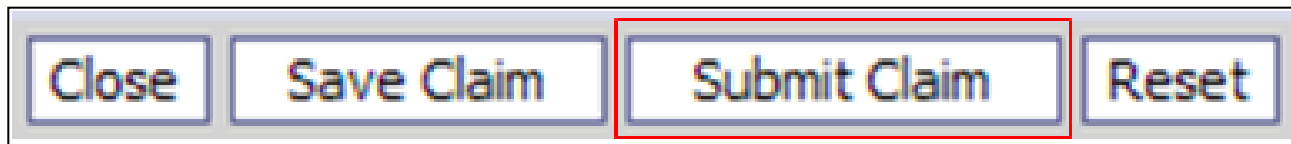
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 420

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity				Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4						
1	D0120	125													1					Delete or Other Service Info
2	D0220	25													1					Delete or Other Service Info
3	D0272	20													1					Delete or Other Service Info
4	D1110	250													1					Delete or Other Service Info

- **Note:** Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted, the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



- **Note:** Make sure the browser **Pop Up Blocker** is off or your system will not allow the claim to be submitted.

Submit Claim for Processing

- Click on the Submit Claim button to submit the claim. ProviderOne should then display this prompt:



- Click on the **Cancel** button if no backup is to be sent.
- Click on the **OK** button if backup needs to be attached.

- **Note:** If all insurance information has been entered on the claim, it is not necessary to send the insurance EOB with the claim.

Submit Claim for Processing – No Backup

- ProviderOne now displays the Submitted Dental Claim Detail screen.
- Click on the **OK** button to finish submitting the claim!

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Dental Claim Details:

TCN: 200925500000001000
Provider NPI: 5522336671
Client ID: 198333777WA
Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0
Total Claim Charge: 1159

Please click "Add Attachment" button, to attach the documents.

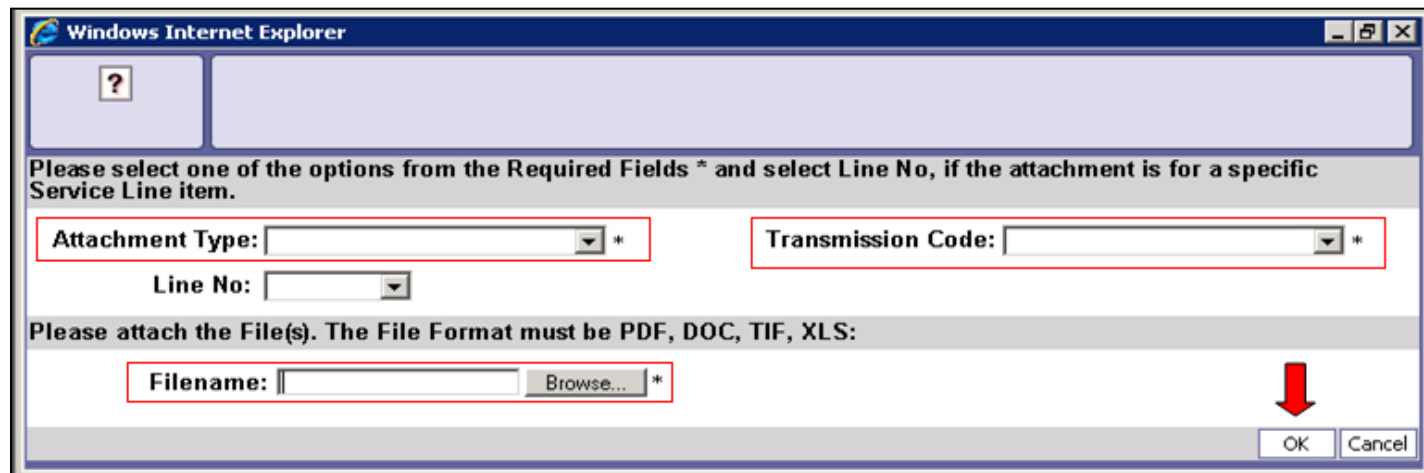
Attachment List:

Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found !							

WARNING: You must click the OK button to complete the claims submission.

Submit Claim for Processing – With Backup (Electronic File Attached)

- The Claim's Backup Documentation page is displayed.



The screenshot shows a web browser window titled "Windows Internet Explorer". The page has a light blue header with a question mark icon. Below the header, there is a text instruction: "Please select one of the options from the Required Fields * and select Line No, if the attachment is for a specific Service Line item." This is followed by three input fields: "Attachment Type:" (a dropdown menu with a red border and an asterisk), "Transmission Code:" (a dropdown menu with a red border and an asterisk), and "Line No:" (a dropdown menu). Below these fields, another instruction reads: "Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:". This is followed by a "Filename:" input field with a "Browse..." button (all within a red border and an asterisk). At the bottom right, there are "OK" and "Cancel" buttons. A red arrow points down towards the "OK" button.

- ✓ Enter the **Attachment Type**
- ✓ Pick one of the following Transmission Codes:
 - **EL-** Electronic Only or Electronic file
 - Browse to find the file name
- ✓ Click the **OK** button

Submit Claim for Processing – With Backup (Electronic File Attached)

- The Submitted Dental Claim Details page is then displayed.

Submitted Dental Claim Details:

TCN: 201201100000004000
Provider NPI: 1760562995
Client ID: 100666385WA
Date of Service: 01/01/2012-01/01/2012
Total Claim Charge: 120


Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	0	10-86.pdf	EB	EL		266kb	X	01/11/2012

<<PREV Viewing Page 1 NEXT>> Go Page Count SaveToXLS

Print Print Cover Page Ok

WARNING: You must click the OK button to complete the claims submission. 

- Now push the **OK** button to submit the claim!

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- The Claims Backup Documentation page is displayed.

Windows Internet Explorer

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: * Transmission Code: *

Line No:

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:

Filename: *

- ✓ Enter the **Attachment Type**
- ✓ Pick one of the following Transmission Codes:
 - **BM** - By Mail; or
 - **FX** - Fax
- ✓ Click the **OK** button

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- If sending paper documents with the claim, at the Submitted Dental Claim Details page, click on the **Print cover Page** button.

Submitted Dental Claim Details:

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75


Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	09/30/2011

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok



Submit Claim for Processing – With Backup

- Fill in the boxes with the appropriate information
 - ✓ Tab between fields
 - ✓ Expands the bar code
- When completed click on the **Print Cover Sheet** button and mail to:

Electronic Claim Back-up
Documentation
PO BOX 45535
Olympia, WA 98504-5535

OR

Fax: 1-866-668-1214

The screenshot shows the 'ProviderOne' 'ECB Attachment Submission Cover Sheet' form. It includes fields for 'Provider Identifier Type' (a dropdown menu), 'Provider ID' (a text box), 'TCN' (a text box), 'Date of Service' (a date picker), and 'ProviderOne Client ID' (a text box). Each text box is followed by a barcode. At the bottom, there are 'Print Cover Sheet' and 'Clear Fields' buttons. Below the buttons, there is a note: 'Instructions will not appear on the printed coversheet. Please use the Print Cover Sheet Button Above to print ONLY.' At the very bottom, it says: 'FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.' The version number '01/07/2011 Ver 2.0' is in the bottom right corner.

ProviderOne

ECB Attachment Submission Cover Sheet

Provider Identifier Type

(Select Identifier type)

Provider ID

(Please enter numeric value. Length based on Identifier type.)

TCN

(Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9.)

Date of Service

(Please use the Date Time Picker to select date.)

ProviderOne Client ID

(Please enter 9 digit numeric value and suffix with WA or wa.)

Print Cover Sheet Clear Fields

Instructions will not appear on the printed coversheet
Please use the Print Cover Sheet Button Above to print ONLY.

FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF
YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET. 01/07/2011 Ver 2.0

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- Now push the **OK** button to submit the claim!

Submitted Dental Claim Details:

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents.


Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	09/30/2011

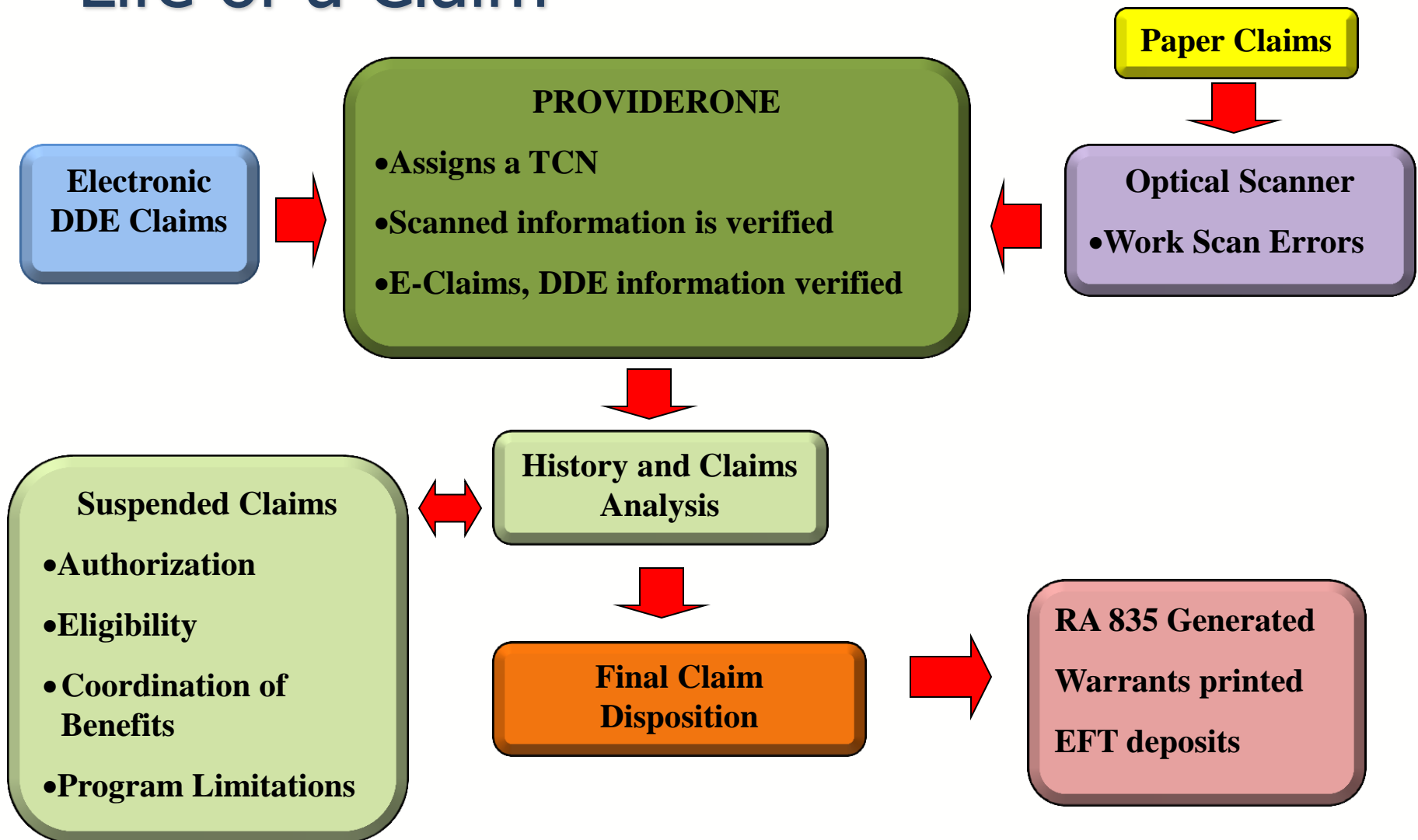
<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page **Ok**

WARNING: You must click the OK button to complete the claims submission.



Life of a Claim



Saving and Retrieving a Direct Data Entry Claim

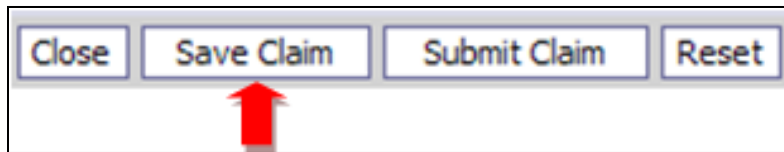
Saving a Direct Data Entry Claim

- ProviderOne now allows a provider to save a claim if the provider is interrupted during the process of entering.
- Provider retrieves the saved claim to finish it and submit the claim.
- The following data elements are the minimum required to be completed before a claim can be saved:

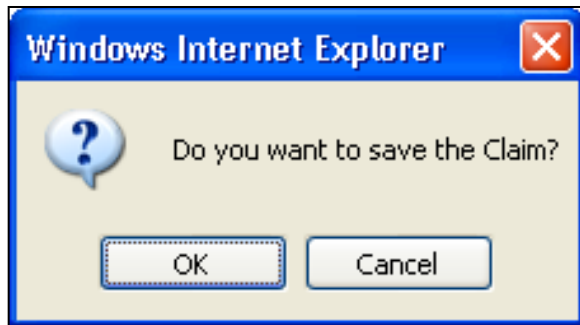
Provider Information <ul style="list-style-type: none">• Billing Provider NPI• Billing Provider Taxonomy• Question: Is the Billing Provider also the Rendering Provider?	Subscriber/Client Information <ul style="list-style-type: none">• Client ID number
Claim Information <ul style="list-style-type: none">• Question: Is this claim accident related?	Basic Service Line Items <ul style="list-style-type: none">• Line Items are not required for saving a claim.

Saving a Direct Data Entry Claim

- Save the claim by clicking on the **Save Claim** button.



- ProviderOne now displays the following confirmation box:



- Click the **OK** button to proceed or **Cancel** to return to the claim form.
- Once the **OK** button is clicked, ProviderOne checks the claim to make sure the minimum data fields are completed.
- If all data fields are completed, ProviderOne saves the claim and closes the claim form.

Retrieving a saved Direct Data Entry Claim

- At the Provider Portal, click on the **Retrieve Saved Claims** hyperlink.



Retrieving a Saved Direct Data Entry Claim

- ProviderOne displays the Saved Claims List.
 - Click on the "Link" Icon to retrieve a claim.

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>	▶	552233661	198333777WA		BettyB
<input type="checkbox"/>	▶	552233661	198333666WA	Rogers	BobS

<< Prev Viewing Page 1 Next >> 3 Go Page Count SaveToXLS

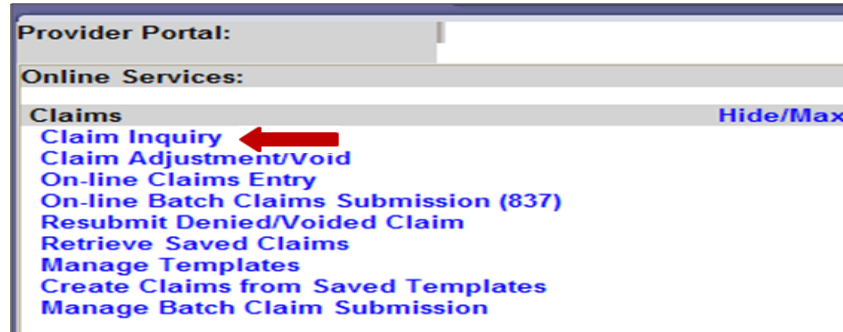
- The system loads the saved claim in the correct DDE claim form screen. Continue to enter data, then submit the claim.
- Once a saved claim has been retrieved and submitted, it will be removed from the Saved Claim List.

Claim Inquiry

Claim Inquiry

➤ How do I find claims in ProviderOne?

✓ **Claim Inquiry**



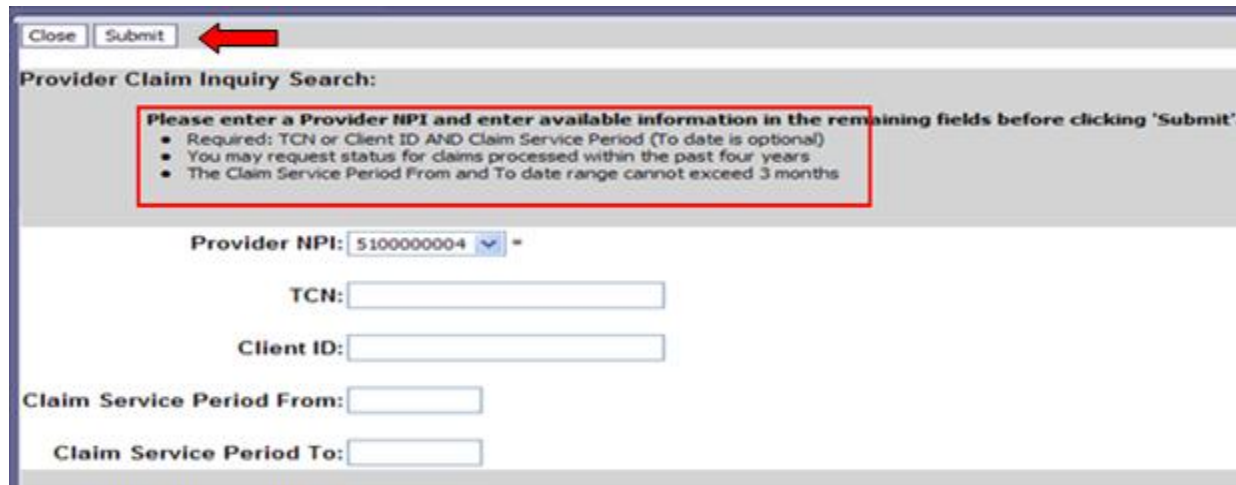
Provider Portal:

Online Services:

Claims Hide/Max

- Claim Inquiry ←
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

➤ Enter search data then submit



Close Submit ←

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: 5100000004 ▾ =

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Claim Inquiry

➤ Claim TCN's returned

- ✓ Click on TCN number to view the claim data.
- ✓ Denied claims will show the denial codes.
- ✓ Easiest way to find a timely TCN number for re-bills.

Claim Inquiry Providers List:

<input type="checkbox"/>	TCN ▲ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼
<input type="checkbox"/>	!1030200005720000	10/14/2010	0: Cannot provide further status electronically.	\$888.00
<input type="checkbox"/>	!101100018152000	10/14/2010	0: Cannot provide further status electronically.	\$888.00
<input type="checkbox"/>	!105400007698000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!106100031712000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!106600001668000	10/14/2010	1: For more detailed information, see remittance advice.	\$750.00
<input type="checkbox"/>	!106600003011000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!107500035007000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!108200019887000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!113600005638000	10/14/2010	0: Cannot provide further status electronically.	\$750.00
<input type="checkbox"/>	!114400017409000	10/14/2010	1: For more detailed information, see remittance advice.	\$750.00

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Why can't I pull up my claim?

- There are many reasons why you might not be able to retrieve a claim (for any system functions):
 - ✓ It has been Adjusted, you can't retrieve a claim that has already been Adjusted.
 - ✓ It has been replaced by another claim.
 - ✓ It hasn't finished processing.
 - ✓ It was billed under a different domain.
 - ✓ You could be using the wrong profile.
 - ✓ Trying to do a Resubmit on a paid claim or an Adjustment to a denied claim.
 - ✓ Claims billed with an NPI not reported in ProviderOne.
 - ✓ Claims billed with an ID only rendering provider NPI number as the pay-to provider.

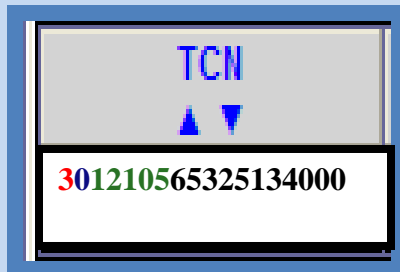
Timely Billing

Timely Billing

- What are the Agency's timeliness guidelines?
 - ✓ The initial billing must occur within **365** days from the date of service on the claim.
 - ✓ Providers are allowed **2** years in total to get a claim paid or adjusted.
 - ✓ For Delayed Certification client eligibility the Agency allows 12 months from the Delayed Cert date to bill.
 - ✓ Recoupments from other payer's-timeliness starts from the date of the recoupment, not the date of service.
 - ✓ The Agency uses the Julian calendar for dates.

What is a TCN?

**TCN=Transaction
Control Number**



**18 digit number that
ProviderOne
assigns to each
claim received for
processing. TCN
numbers are never
repeated.**

How do I read a TCN?

1st digit-Claim Medium Indicator

- 1-paper
- 2-Direct Data Entry
- 3-electronic, batch submission
- 4-system generated (Credits/Adjustment)

2nd digit-Type of claim

- 0-Medical/Dental
- 2-Crossover or Medical

3rd thru **7th** digits-date claim was received

- 3rd and 4th digits are the year
- 5th, 6th and 7th digits are the day it was received

Example TCN:**301210465325134000**

3-electronic submission via batch

0-medical claim

12-year claim was received, 2012

104-day claim was received, April

13th

How do I prove timeliness?

- HIPAA batch transaction
 - ✓ Electronic submission - Dental
 - ✓ Enter the timely TCN in the claim note, Loop 2300, segment NTE02=TCN.
- Direct Data Entry (DDE) Claims
 - ✓ Resubmit Original Denied/Voided Claim; or
 - ✓ Enter timely TCN in the Claim Note
- Paper billing – ADA form
 - ✓ Enter timely TCN in box 35

Adjust / Void a Claim

Adjust/Void a Paid Claim

- Select **Claim Adjustment/Void** from the Provider Portal.

Provider Claim Adjust Void Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI: 1134178999 *

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Note: Per **WAC 182-502-0150** claims can only be adjusted/voided in ProviderOne 24 months from the date of service. Prescription drug claims have only 15 months.

- Enter the **TCN** number if known; or
- Enter the **Client ID**, and the **From-To date** of service.

Adjust/Void a Paid Claim

- The system will display the paid claim(s) based on the search criteria.

Close Adjust Void Claim

Provider NPI: 1134178999

Provider Claims Adjust Void List:

<input type="checkbox"/>	TCN □ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼
<input type="checkbox"/>	506400001000	03/13/2007	1: "For more detailed information, see remittance advice."	\$168.00	\$56.12		WA

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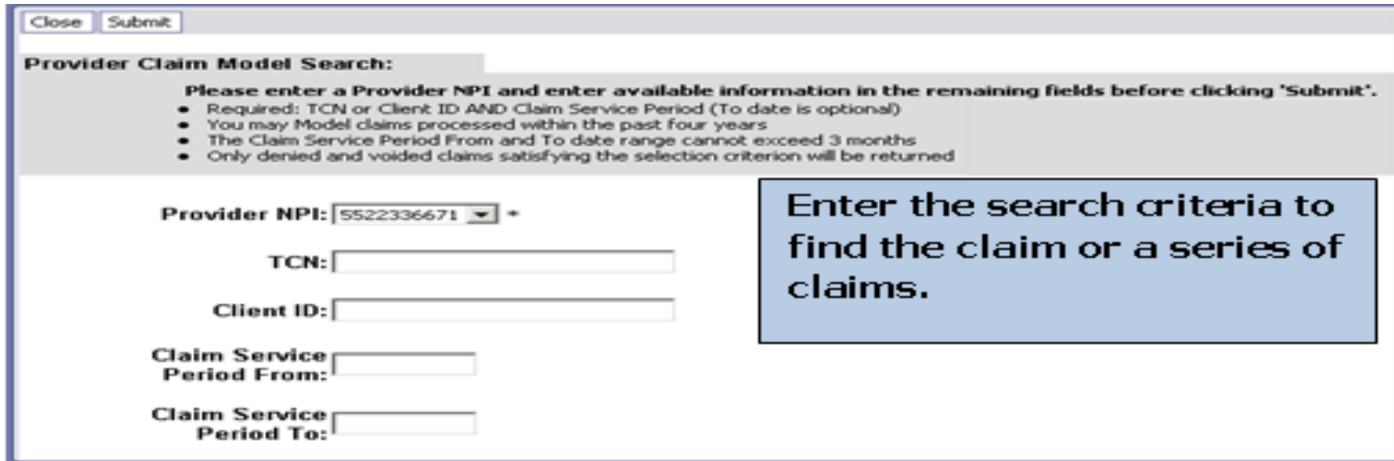
Check the box next to the TCN to adjust

- Check the box of the TCN to adjust/void.
- ProviderOne loads the DDE screen with the claim data.
 - ✓ Update the claim information to adjust, then submit.
 - ✓ Claim data cannot be changed when doing a void, just submit the void.

Resubmit Denied Claims

Resubmit a Denied Claim

- Select **Resubmit Denied/Voided** Claim from the Provider Portal.



The screenshot shows a web form titled "Provider Claim Model Search:". At the top, there are "Close" and "Submit" buttons. Below the title, a grey box contains instructions: "Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'." followed by four bullet points: "Required: TCN or Client ID AND Claim Service Period (To date is optional)", "You may Model claims processed within the past four years", "The Claim Service Period From and To date range cannot exceed 3 months", and "Only denied and voided claims satisfying the selection criterion will be returned". The form fields include: "Provider NPI:" with a dropdown menu showing "5522336671" and a plus sign; "TCN:" with a text input field; "Client ID:" with a text input field; "Claim Service Period From:" with a text input field; and "Claim Service Period To:" with a text input field. A blue callout box on the right side of the form contains the text: "Enter the search criteria to find the claim or a series of claims."

- A TCN will bring up only one claim.
- Enter the **Client ID** and the **From-To dates** of service to find all claims billed with these dates.

Resubmit a Denied Claim

- The system will display the claim(s) based on the search criteria.

Close Retrieve

Provider NPI: 1134178999

Provider Claims Model List:

<input type="checkbox"/>	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input checked="" type="checkbox"/>	93072625558500C	09/10/2007	1: "For more detailed information, see remittance advice."	\$160.00	\$0.00	LO A	WA

Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

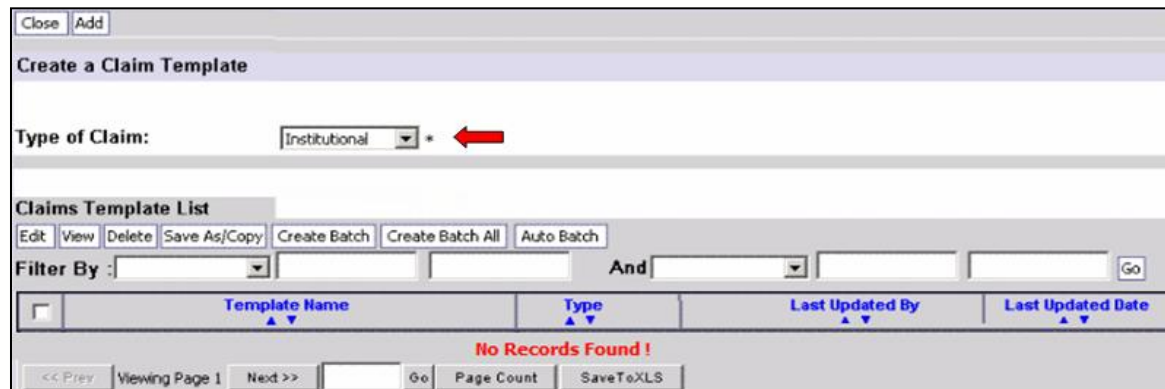
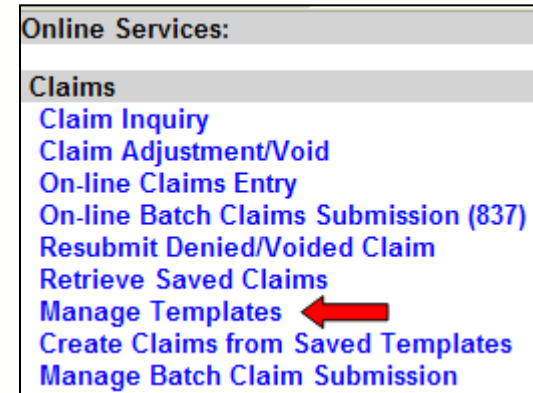
Check the box next to the TCN to resubmit

- Check the box of the TCN to resubmit.
- ProviderOne loads the DDE screen with the claim data.
 - ✓ Update the claim information that caused the claim to deny, then submit.

Templates

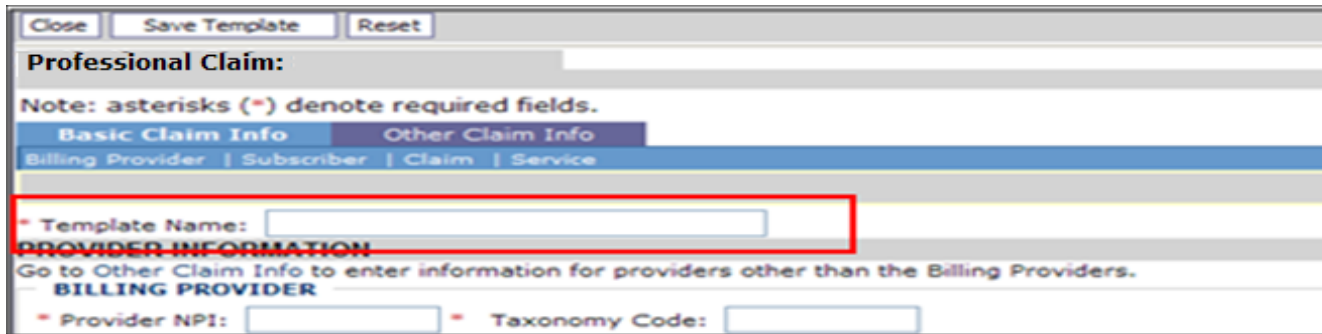
Creating a Claim Template

- ProviderOne allows creating and saving templates.
 - ✓ Log into ProviderOne
 - ✓ Click on the **Manage Templates** hyperlink
 - ✓ At the Create a Claim Template screen, click the **Type of Claim** Option
 - ✓ Click the **Add** button

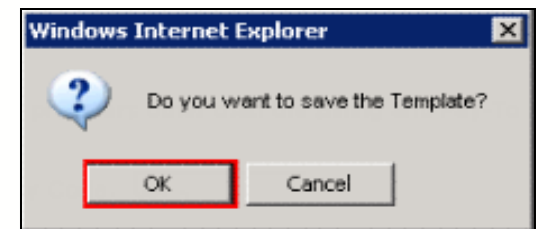


Creating a Claim Template

- Once a template type is picked the system opens the DDE screen.



- Name the template then fill in as much data as wanted on the template.
- Click on the **Save Template** button and the system verifies you are saving the template.



Creating a Claim Template

- After the template is saved it is listed on the Claims Template List

Close Add

Create a Claim Template

Type of Claim: Institutional *

Claims Template List

Edit View Delete Save As/Copy Create Batch Create Batch All Auto Batch

Filter By : Template Type Institutional And Go

<input type="checkbox"/>	Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated Date ▲ ▼
<input type="checkbox"/>	John Smith	Institutional	GaryM	10/2/2010

All Prev Viewing Page 1 Next Page Count SaveToXLS

- Additional templates can be created by:
 - ✓ Copying a template on the list; or
 - ✓ Creating another from scratch.
- Templates can be edited, viewed, and deleted.

Submitting a Template Claim

➤ Claims can be submitted from a Template

- ✓ Log into ProviderOne
- ✓ Click on the **Create Claims from Saved Templates**
- ✓ At the Saved Template List find the template to use (sort using the sort tools outlined).

Online Services:





Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates 
- Manage Batch Claim Submission

Close

Create Claim from Saved Templates List:

Filter By : And Go

Template Name 	Type 	Last Updated By 	Last Updated 
John Smith	Institutional	GaryM	10/2/2010
Jane Doe	Institutional	GaryM	10/2/2010
Uncle Sam	Institutional	GaryM	10/2/2010
Susan Madigan	Institutional	GaryM	10/2/2010
Lisa Fax	Institutional	GaryM	10/2/2010
Roberta Thomas	Institutional	GaryM	10/2/2010
Mickey Dee	Institutional	GaryM	10/2/2010

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Submitting a Template Claim

- Click on the Template name
- The DDE screen is loaded with the template

Close Save Claim Submit Claim Reset

Institutional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Billing Providers.

BILLING PROVIDER

* Provider NPI: 1831199966 * Taxonomy Code: 193200000X

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 200076507WA

☐ **Additional Subscriber/Client Information**

* Org/Last Name: SMITH First Name: JOHN

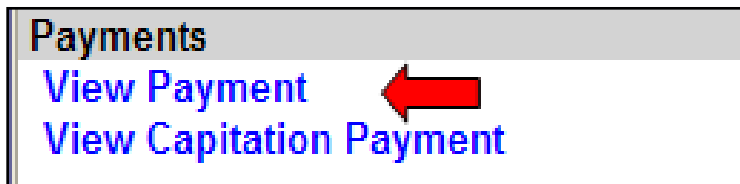
- Enter or update the data for claim submission then submit the claim.
- Batches of Template Claims can be created
- See the Batch Template E-learning module at <http://hrsa.dshs.wa.gov/provider/webinar.shtml>.

Reading the Remittance Advice (RA)

Reading the Remittance Advice (RA)

➤ How do I retrieve the PDF file for the RA?

- ✓ Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.



- ✓ At the Portal click on the hyperlink **View Payment**.

- ✓ The system should open your list of RAs.

RA/ETRR Number ▲ ▼	Check Number ▲ ▼	Check/ETRR Date ▲ ▼	RA Date ▲ ▼	Claim Count ▲ ▼	Charges ▲ ▼	Payment Amount ▲ ▼	Adjusted Amount ▲ ▼	Download ▲ ▼
2444447	000777	02/23/2012	02/24/2012	1428	\$513,899.73	\$62,865.54	\$408,607.26	
2443392	000778	02/16/2012	02/17/2012	1538	\$484,679.55	\$63,959.26	\$375,030.04	
2229984	004772	02/09/2012	02/10/2012	1384	\$488,482.16	\$80,452.68	\$408,029.48	

- ✓ Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

- The Summary Page of the RA shows:
 - ✓ Billed and paid amount for Paid claims
 - ✓ Billed amount of denied claims
 - ✓ Total amount of adjusted claims
 - ✓ Provider adjustment activity

RA Number: 8765432 Warrant/EFT #: 852741 Warrant/EFT Amount: \$9325.93								Prepared Date: 05/30/2014 RA Date: 05/30/2014						
Warrant/EFT Date: 05/29/2014								Payment Method: EFT						
Claims Summary								Provider Adjustments						
								Page 2						
Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number: Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1122334455	Paid	\$28930.00	\$16114.57	\$0.00	\$0.00	\$0.00	\$9325.93	1122334455	214148190028/401401234567890000	System Initiated	NOC Invoice	\$0.00	\$0.00	\$3266.00
1122334455	Denied	\$6525.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1122334455	214148190028/401498701234560000	System Initiated	NOC Referred to CARS	\$3266.00	\$3266.00	\$0.00
1122334455	Adjustments	-\$2981.00	-\$3371.87	\$0.00	\$0.00	\$0.00	-\$3266.00							
1122334455	In Process	\$5946.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Total Adjustment Amount												\$3266.00		

Reading the Remittance Advice (RA)

- Provider Adjustments:
 - ✓ These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
 - ✓ Claims that caused these carry over adjustment amounts can be on previous RAs.
 - ✓ A recent update to the RA format now populates the parent TCN under the FIN Invoice Number for reference.
 - ✓ Credit balance RAs have a "check number" that looks like this: **JVAH0223344556677800**.
 - ✓ ProviderOne automatically sends the credit balance amounts to our finance office after 180 days if the NPI number does not generate claim payments.

Reading the Remittance Advice (RA)

RA Number: 8765432		Warrant/EFT #: 852741!		Warrant/EFT Date: 06/05/2014		Prepared Date: 06/06/2014		RA Date: 06/06/2014		Page 15				
Category: Denied		Billing Provider: 1122334455												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
SMITH, JOHN D 147258369WA 100694KR 98164	201498798798798798 Dental Claim	1		05/07/2014- 05/07/2014	D0210	1.0000	\$44.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		119 = \$44.53
Document Total:				05/07/2014-05/07/2014		1.0000	\$44.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
SMITH, JOHN D 147258369WA 100329KS 91353	201496385274196385 Dental Claim	1		05/09/2014- 05/09/2014	D5212	1.0000	\$276.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		15 = \$276.28
Document Total:				05/09/2014-05/09/2014		1.0000	\$276.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		15
SMITH, JOHN D 147258369WA 100672AT 100453	201445612378945612 Dental Claim	1		05/06/2014- 05/06/2014	D9230	1.0000	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		119 = \$20.00
Document Total:				05/06/2014-05/06/2014		1.0000	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Category Total:						16.0000	\$904.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Reading the Remittance Advice (RA)

➤ EOB Codes

- ✓ The Adjustment Reason Codes; and
- ✓ The Remark Codes for denied claims & payment adjustments are located on the last page of the RA.

Adjustment Reason Codes / NCPDP Rejection Codes

119 : Benefit maximum for this time period or occurrence has been reached.

15 : The authorization number is missing, invalid, or does not apply to the billed services or provider.

16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

35 : Lifetime benefit maximum has been reached.

96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes

N20 : Service not payable with other service rendered on the same date.

N329 : Missing/incomplete/invalid patient birth date.

N37 : Missing/incomplete/invalid tooth number/letter.

N39 : Procedure code is not compatible with tooth number/letter.

- ✓ The complete list of Federal codes can be located on <http://www.wpc-edl.com/reference/>

Authorization

Authorization

- 1 Complete Authorization Form 13-835
- 2 Submit Authorization Request to the Agency with Required Back-up
- 3 Check the Status of a Request
- 4 Send in Additional Documentation if Requested by the Agency

Authorization

➤ Complete Authorization Form **13-835**

- To begin the authorization process providers need to complete HCA Form 13-835. ProviderOne can begin processing the authorization request once the Agency receives this form filled out correctly.
- Access the online authorization form 13-835 at <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>

Step by step instructions:

[ProviderOne Billing and Resource Guide](#)

Washington State Health Care Authority

General Information for Authorization

Org	1. <input type="text"/>	Service Type	2. <input type="text"/>
Client Information			
Name	3. <input type="text"/>	Client ID	4. <input type="text"/>
Living Arrangements	5. <input type="text"/>	Reference Auth #	6. <input type="text"/>
Provider Information			
Requesting NPI #	7. <input type="text"/>	Requesting Fax #	8. <input type="text"/>
Billing NPI #	9. <input type="text"/>	Name	10. <input type="text"/>
Referring NPI #	11. <input type="text"/>	Referring Fax #	12. <input type="text"/>
Service Start Date:	13. <input type="text"/>		14. <input type="text"/>
Service Request Information			
Description of service being requested:		15. <input type="text"/>	16. <input type="text"/>
18. Serial/NEA or MEA #		19. <input type="text"/>	
20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested
24. \$ Amount Requested	25. Part # (DME Only)		26. Tooth or Quad #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Information			
Diagnosis Code	27. <input type="text"/>	Diagnosis name	28. <input type="text"/>
Place of service	29. <input type="text"/>		
30. Comments: <input type="text"/>			

<http://www.hca.wa.gov/medicaid/forms/Pages/Index.aspx>

Please fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. **HIPAA Compliance:** Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.

HCA 13-835 (8/14)

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION																																																																																																																								
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1	Org (Required)	Enter the Number that Matches the Program/Unit for the Request 501 – Dental 502 – Durable Medical Equipment (DME) 504 – Home Health 505 – Hospice 506 – Inpatient Hospital 508 – Medical 509 – Medical Nutrition 511 – Outpt Proc/Diag 513 – Physical Medicine & Rehabilitation (PM & R) 514 – Aging and Long-Term Support Administration (ALISA) 518 – LTAC 519 – Respiratory 521 – Maternity Support/Infant Case Management 524 – Concurrent Care 525 – ABA Services 526 – Complex Rehabilitation Technology (CRT) 527 – Chemical-Using Pregnant (CUP) Women Program																																																																																																																								
2	Service Type (Required)	Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "501 – Dental" for field #1, please select one of the following codes for this field: <table><tr><td>ASC</td><td>for ASC</td><td>OUTP</td><td>for Out-Patient</td></tr><tr><td>CWN</td><td>for Crowns</td><td>PSM</td><td>for Perio-Scaling/Maintenance</td></tr><tr><td>DEN</td><td>for Dentures</td><td>PTL</td><td>for Partial</td></tr><tr><td>DP</td><td>for Denture/Partial</td><td>RBS</td><td>for Rebases</td></tr><tr><td>ERSO</td><td>for ERSO-PA</td><td>RLNS</td><td>for Relines</td></tr><tr><td>EXT</td><td>for Extractions</td><td>MISC</td><td>for Miscellaneous</td></tr><tr><td>EXTD</td><td>for Extractions w/Dentures</td><td></td><td></td></tr><tr><td>IP</td><td>for In-Patient</td><td></td><td></td></tr><tr><td>ODC</td><td>for Orthodontic</td><td></td><td></td></tr></table> If you selected "502 – Durable Medical Equipment (DME)" for field #1, please select one of the following codes for this field: <table><tr><td>AA</td><td>for Ambulatory Aids</td><td>OS</td><td>for Orthopedic Shoes</td></tr><tr><td>BB</td><td>for Bath Bench</td><td>OTC</td><td>for Orthotics</td></tr><tr><td>BEM</td><td>for Bath Equipment (misc.)</td><td>OP</td><td>for Ostomy Products</td></tr><tr><td>BGS</td><td>for Bone Growth Stimulator</td><td>ODME</td><td>for Other DME</td></tr><tr><td>BP</td><td>for Breast Pump</td><td>OTRR</td><td>for Other Repairs</td></tr><tr><td>C</td><td>for Commode</td><td>PL</td><td>for Patient Lifts</td></tr><tr><td>CG</td><td>for Compression Garments</td><td>PWH</td><td>for Power Wheelchair - Home</td></tr><tr><td>CSC</td><td>for Commode/Shower Chair</td><td>PWNF</td><td>for Power Wheelchair – NF</td></tr><tr><td>DTS</td><td>for Diabetic Testing Supplies (See Pharmacy Billing - Instructions for POS Billing)</td><td>PWR</td><td>for Power Wheelchair Repair</td></tr><tr><td>ERSO</td><td>for ERSO-PA</td><td>PRS</td><td>for Prone Stenders</td></tr><tr><td>FSFS</td><td>for Floor Sitter/Feeder Seat</td><td>PROS</td><td>for Prosthetics</td></tr><tr><td>HB</td><td>for Hospital Beds</td><td>RE</td><td>for Room Equipment</td></tr><tr><td>HC</td><td>for Hospital Crib</td><td>SC</td><td>for Shower Chairs</td></tr><tr><td>IS</td><td>for Incontinent Supplies</td><td>SBS</td><td>for Specialty "Beds/Surfaces</td></tr><tr><td>MWH</td><td>for Manual Wheelchair - Home</td><td>SGD</td><td>for Speech Generating Devices</td></tr><tr><td>MWNF</td><td>for Manual Wheelchair – NF</td><td>SF</td><td>for Standing Frames</td></tr><tr><td>MWR</td><td>for Manual Wheelchair Repair</td><td>STND</td><td>for Stenders</td></tr><tr><td></td><td></td><td>TU</td><td>for TENS Units</td></tr><tr><td></td><td></td><td>US</td><td>for Urinary Supplies</td></tr><tr><td></td><td></td><td>WDOS</td><td>for VAC/Wound - decubiti supplies</td></tr><tr><td></td><td></td><td>MISC</td><td>for Miscellaneous</td></tr></table>	ASC	for ASC	OUTP	for Out-Patient	CWN	for Crowns	PSM	for Perio-Scaling/Maintenance	DEN	for Dentures	PTL	for Partial	DP	for Denture/Partial	RBS	for Rebases	ERSO	for ERSO-PA	RLNS	for Relines	EXT	for Extractions	MISC	for Miscellaneous	EXTD	for Extractions w/Dentures			IP	for In-Patient			ODC	for Orthodontic			AA	for Ambulatory Aids	OS	for Orthopedic Shoes	BB	for Bath Bench	OTC	for Orthotics	BEM	for Bath Equipment (misc.)	OP	for Ostomy Products	BGS	for Bone Growth Stimulator	ODME	for Other DME	BP	for Breast Pump	OTRR	for Other Repairs	C	for Commode	PL	for Patient Lifts	CG	for Compression Garments	PWH	for Power Wheelchair - Home	CSC	for Commode/Shower Chair	PWNF	for Power Wheelchair – NF	DTS	for Diabetic Testing Supplies (See Pharmacy Billing - Instructions for POS Billing)	PWR	for Power Wheelchair Repair	ERSO	for ERSO-PA	PRS	for Prone Stenders	FSFS	for Floor Sitter/Feeder Seat	PROS	for Prosthetics	HB	for Hospital Beds	RE	for Room Equipment	HC	for Hospital Crib	SC	for Shower Chairs	IS	for Incontinent Supplies	SBS	for Specialty "Beds/Surfaces	MWH	for Manual Wheelchair - Home	SGD	for Speech Generating Devices	MWNF	for Manual Wheelchair – NF	SF	for Standing Frames	MWR	for Manual Wheelchair Repair	STND	for Stenders			TU	for TENS Units			US	for Urinary Supplies			WDOS	for VAC/Wound - decubiti supplies			MISC	for Miscellaneous
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2	Service Type (Required) (Continued)	<p>If you selected "504 – Home Health" for field #1, please select one of the following codes for this field:</p> <table><tr><td>ERSO</td><td>for ERSO-PA</td><td>MISC</td><td>for Miscellaneous</td></tr><tr><td>HH</td><td>for Home Health</td><td>I</td><td>for Therapies (H / U / S / I)</td></tr></table> <p>If you selected "505 – Hospice" for field #1, please select one of the following codes for this field:</p> <table><tr><td>ERSO</td><td>for ERSO-PA</td><td></td><td></td></tr><tr><td>HSPC</td><td>for Hospice</td><td></td><td></td></tr><tr><td>MISC</td><td>for Miscellaneous</td><td></td><td></td></tr></table> <p>If you selected "506 – Inpatient Hospital" for field #1, please select one of the following codes for this field:</p> <table><tr><td>BS</td><td>for Bariatric Surgery</td><td>RM</td><td>for Readmission</td></tr><tr><td>ERSO</td><td>for ERSO-PA</td><td>S</td><td>for Surgery</td></tr><tr><td>OOS</td><td>for Out of State</td><td>TNP</td><td>for Transplants</td></tr><tr><td>U</td><td>for Other</td><td>VNSS</td><td>for Vagus Nerve Stimulator</td></tr><tr><td>PAS</td><td>for PAS</td><td>MISC</td><td>for Miscellaneous</td></tr></table> <p>If you selected "508 – Medical" for field #1, please select one of the following codes for this field:</p> <table><tr><td>BSS2</td><td>for Bariatric Surgery Stage 2</td><td>NP</td><td>for Neuro-Psych</td></tr><tr><td>BIX</td><td>for Botox</td><td>OOS</td><td>for Out of State</td></tr><tr><td>CIERP</td><td>for Cochlear Implant Extensor Replacement Parts</td><td>PSY</td><td>for Psychotherapy</td></tr><tr><td></td><td></td><td>SYN</td><td>for Synagis</td></tr><tr><td>CR</td><td>for Cardiac Rehab</td><td>T</td><td>for Therapies (PT/OT/ST)</td></tr><tr><td>ERSO</td><td>for ERSO-PA</td><td>IX</td><td>for Transportation</td></tr><tr><td>HEA</td><td>for Hearing Aids</td><td>V</td><td>for Vision</td></tr><tr><td>I</td><td>for Infusion / Parental Therapy</td><td>VSI</td><td>for Vest</td></tr><tr><td></td><td></td><td>VT</td><td>for Vision Therapy</td></tr><tr><td>MC</td><td>for Medications</td><td>MISC</td><td>for Miscellaneous</td></tr></table> <p>If you selected "509 – Medical Nutrition" for field #1, please select one of the following codes for this field:</p> <table><tr><td>EN</td><td>for Enteral Nutrition</td><td></td><td></td></tr><tr><td>MN</td><td>for Medical Nutrition</td><td></td><td></td></tr><tr><td>MISC</td><td>for Miscellaneous</td><td></td><td></td></tr></table> <p>If you selected "511 – Output Proc/Diag" for field #1, please select one of the following codes for this field:</p> <table><tr><td>CCTA</td><td>for Coronary CT Angiogram</td><td>OOS</td><td>for Out of State</td></tr><tr><td>CI</td><td>for Cochlear Implants</td><td>UHS</td><td>for Other Surgery</td></tr><tr><td>ERSO</td><td>for ERSO-PA</td><td>PSCN</td><td>for PET Scan</td></tr><tr><td>GCK</td><td>for Gamma/Cyber Knife</td><td>U</td><td>for Other</td></tr><tr><td>GT</td><td>for Genetic Testing</td><td>S</td><td>for Surgery</td></tr><tr><td>HU</td><td>for Hyperbaric Oxygen</td><td>SCAN</td><td>for Radiology</td></tr><tr><td>HY</td><td>for Hysterectomy</td><td>MISC</td><td>for Miscellaneous</td></tr><tr><td>MKI</td><td>for MKI</td><td></td><td></td></tr></table> <p>If you selected "513 – Physical Medicine & Rehabilitation (PM & R)" for field #1, please select one of the following codes for this field:</p> <table><tr><td>ERSO</td><td>for ERSO-PA</td><td></td><td></td></tr><tr><td>PMR</td><td>for PM and R</td><td></td><td></td></tr><tr><td>MISC</td><td>for Miscellaneous</td><td></td><td></td></tr></table>	ERSO	for ERSO-PA	MISC	for Miscellaneous	HH	for Home Health	I	for Therapies (H / U / S / I)	ERSO	for ERSO-PA			HSPC	for Hospice			MISC	for Miscellaneous			BS	for Bariatric Surgery	RM	for Readmission	ERSO	for ERSO-PA	S	for Surgery	OOS	for Out of State	TNP	for Transplants	U	for Other	VNSS	for Vagus Nerve Stimulator	PAS	for PAS	MISC	for Miscellaneous	BSS2	for Bariatric Surgery Stage 2	NP	for Neuro-Psych	BIX	for Botox	OOS	for Out of State	CIERP	for Cochlear Implant Extensor Replacement Parts	PSY	for Psychotherapy			SYN	for Synagis	CR	for Cardiac Rehab	T	for Therapies (PT/OT/ST)	ERSO	for ERSO-PA	IX	for Transportation	HEA	for Hearing Aids	V	for Vision	I	for Infusion / Parental Therapy	VSI	for Vest			VT	for Vision Therapy	MC	for Medications	MISC	for Miscellaneous	EN	for Enteral Nutrition			MN	for Medical Nutrition			MISC	for Miscellaneous			CCTA	for Coronary CT Angiogram	OOS	for Out of State	CI	for Cochlear Implants	UHS	for Other Surgery	ERSO	for ERSO-PA	PSCN	for PET Scan	GCK	for Gamma/Cyber Knife	U	for Other	GT	for Genetic Testing	S	for Surgery	HU	for Hyperbaric Oxygen	SCAN	for Radiology	HY	for Hysterectomy	MISC	for Miscellaneous	MKI	for MKI			ERSO	for ERSO-PA			PMR	for PM and R			MISC	for Miscellaneous		
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Directions for Authorization form 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
2	Service Type (Required) (Continued)	<p>If you selected "514 – Aging and Long-Term Support Administration (ALSA)" for field #1, please select one of the following codes for this field:</p> <p>PDN for Private Duty Nursing MISC for Miscellaneous</p> <p>If you selected "518 – LTAC" for field #1, please select one of the following codes for this field:</p> <p>ERSO for ERSO-PA LTAC for LTAC O for Other</p> <p>If you selected "519 – Respiratory" for field #1, please select one of the following codes for this field:</p> <p>CPAP for CPAP/BiPAP ERSO for ERSO-PA NEB for Nebulizer OXM for Oximeter</p> <p>OXY for Oxygen SUP for Supplies VENT for Vent O for Other</p> <p>If you selected "521 – Maternity Support/Infant Case Management (MSS)" for field #1, please select one of the following codes for this field:</p> <p>ICM for Infant Case Management PO for Post Pregnancy Only PPP for Prenatal/Post Pregnancy O for Other</p> <p>If you selected "524 – Concurrent Care" (for children on Hospice) for field #1, please select one of the following codes for this field:</p> <p>CC for Concurrent Care Services</p> <p>Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "525 – ABA Services" for field #1, please select one of the following codes for this field:</p> <p>IH for In Home/Community/Office DAYP for Day Program</p> <p>If you selected "526 – Complex Rehabilitation Technology" (CRT) for field #1, please select one of the following codes for this field:</p> <p>ERSO for ERSO-PA MWH for Manual Wheelchair - Home MWNF for Manual Wheelchair - NF MWR for Manual Wheelchair Repairs MWS for Manual Wheelchair Supplies</p> <p>PWH for Power Wheelchair - Home PWNF for Power Wheelchair - NF PWR for Power Wheelchair Repairs PWS for Power Wheelchair Supplies</p> <p>If you selected "527 – Chemical-Using Pregnant (CUP) Women Program" for field #1, please select one of the following codes for this field:</p> <p>DX for Detox DM for Detox/Medical Stabilization MS for Medical Stabilization</p>

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
3	Name: (Required)	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: (Required)	<p>Enter the client ID - 9 numbers followed by WA.</p> <p>For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending):</p> <ul style="list-style-type: none"> You will need to contact HCA at 1-800-562-3022 and the appropriate extension of the Authorization Unit. A reference PA will be built with a placeholder client ID. If the PA is approved – once the client ID is known – you will need to contact HCA either by fax or phone with the Client ID. <p>The PA will be updated and you will be able to bill the services approved.</p>
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI #: (Required)	The 10 digit number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Billing NPI #: (Required)	The 10 digit number that has been assigned to the billing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested: (Required).	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA or MEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA/MEA# to access the x-rays/pictures for this request.
20	Code Qualifier: (Required).	<p>Enter the letter corresponding to the code from below:</p> <p>T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code</p>
21	National Code: (Required).	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested: (Units or \$ required).	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Medicaid Provider Guide for the appropriate unit/day designation for the service code entered).
24	\$ Amount Requested: (Units or \$ required).	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Medicaid Provider Guide and fee schedule for assistance). Must be entered in dollars & cents with a decimal (e.g. \$400 should be entered as 400.00).
25	Part # (DME only): (Required for all requested codes).	Enter the manufacturer part # of the item requested.

Directions for Authorization form 13-835

FIELD	NAME	ACTION																																																																
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26	Tooth or Quad#: (Required for dental requests)	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-32, A-T, AS-TS, and 51-82																																																																
27	Diagnosis Code	Enter appropriate diagnosis code for condition.																																																																
28	Diagnosis name	Short description of the diagnosis.																																																																
29	Place of Service	Enter the appropriate two digit place of service code. Place of Service Code(s)																																																																
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Example Authorization 13-835

1. Example of a completed Authorization Form **13-835**
 - a) Fill (type) in all required fields as indicated on the directions page.
 - b) Use the codes listed in the directions for the required fields.
 - c) Add as much other detail as necessary that may help in approval.
 - d) The data on this form is scanned directly into ProviderOne.
 - e) Processing begins as soon as a correctly filled out form is received.

Step by step instructions:

[ProviderOne Billing and Resource Guide](#)

Washington State Health Care Authority							
General Information for Authorization							
Org	1. 501			Service Type	2. PSM		
Client Information							
Name	3. SMITH, JASON			Client ID	4. 445566889		
Living Arrangements	5. Home			Reference Auth #	6. 		
Provider Information							
Requesting NPI #	7. 1112223334			Requesting Fax #	8. 360-725-9999		
Billing NPI #	9. 1473322445			Name	10. Dr. Dentist		
Referring NPI #	11. 			Referring Fax #	12. 		
Service Start Date:	13. 01/2014				14. 		
Service Request Information							
Description of service being requested:				16. 		17. 	
15. Additional Perio Scaling				18. Serial/NEA or MEA # 		19. 	
20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. \$ Amount Requested	25. Part # (DME Only)		26. Tooth or Quad #
T	D4341		2				10
T	D4341		2				20
T	D4341		2				30
T	D4341		2				40
							
							
							
							
							
							
Medical Information							
Diagnosis Code	27. 		Diagnosis name	28. 			
Place of service	29. 11						
30. Comments: 							

<http://www.hca.wa.gov/medicaid/forms/Pages/Index.aspx>

Please fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.

Authorizations

2. Submit Authorization Request to the Agency with Required Back-up

a) By Fax

- 1-866-668-1214
- **Form 13-835 must be first**

b) By Mail

Authorization Services Office
PO Box 45535
Olympia, WA 98504-5535

If mailing x-rays, photos, CDs, or other non-scannable items, do the following:

- Place the items in a large envelope;
- Attach the PA request form to the **outside** of the envelope;
- Write on the outside of the envelope:
 - Client name
 - Client ProviderOne ID
 - Your NPI
 - Your name
 - Sections the request is for:
 - ✓ Dental or Orthodontic

Another option for submitting photos or x-rays:

Providers can submit dental photos or x-rays for Prior Authorization by using the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA). Providers may register with NEA by visiting **www.nea-fast.com** and entering “**FastWDSHS**” in the promotion code box. Contact NEA at 800-782-5150 ext. 2 with any questions. When this option is chosen, fax requests to the Agency and indicate the NEA# in the NEA field on the PA Request Form. ***There is an associated cost, which will be explained by the NEA services.***

Check Status of an Authorization Request

Online Services:	
Claims	Hide/Max
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837)	
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	
Client	Hide/Max
Client Limit Inquiry	
Benefit Inquiry	
Payments	Hide/Max
View Payment	
View Capitation Payment	
ProviderOne-Generated Invoices	Hide/Max
View Invoice	
Validate Invoice	
Managed Care	Hide/Max
View Enrollment Roster	
View ETRR	
Prior Authorization	Hide/Max
On-line Prior Authorization Submission	
Prior Authorization Inquiry	
Prior Authorization Adjustment	

Close	Submit
PA Inquire:	
To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.	
<ul style="list-style-type: none">• Prior Authorization Number; or• Provider NPI AND Client ID; or• Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth	
For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022	
Prior Authorization Number:	<input type="text"/>
Provider NPI:	<input type="text"/>
Client ID:	<input type="text"/>
Client Last Name:	<input type="text"/>
Client First Name:	<input type="text"/>
Client Date of Birth:	<input type="text"/>

Check Status of an Authorization Request

➤ Select **Provider Authorization Inquiry** from the provider home page.

✓ Search by one of the Options:

- Prior Authorization number; or
- Provider NPI and Client ID; or
- Provider NPI, Client Last & First Name, and the client birth date.

✓ The system may return the following status information:

Close Submit

PA Inquire:

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:


Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

PA Utilization:																	
Authorization #: 870000004 Client ID: 9999999VVA Service: Miscellaneous Request Date: 12/23/2010 Service Start Date: 1/1/2011 Requestor ID: 8888888897									Authorization Status: Approved  Client Name: Organization: PA - DENTAL Last Updated Date: 8/17/2011 Service End Date: 9/30/2011 Requestor Name: Place Holder PA Provider								
Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	08/17/2011	8888888897	D0120	K-Dental Claim					01/01/2011	09/30/2011	0	99999	0	1	0	0	Approved

Check the Status of a Request

Close

PA Utilization:

Authorization #: 100000226
 Client ID: 100149763WA
 Service: Partial
 Request Date: 5/9/2010
 Service Start Date: 6/14/2010
 Requestor ID: 1972676971

Authorization Status: Approved
 Client Name:
 Organization: PA - DENTAL
 Last Updated Date: 6/14/2010
 Service End Date: 6/14/2011
 Requestor Name:

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	06/14/2010	1297174503	D8213	K-Dental Claim				01	06/14/2010	06/14/2010	0	1	0	1	0	0	Approved

<< Prev Viewing Page 1 Next >> 1 Go Page Count: SaveToXLS

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

The above example authorization request (number) is in approved status. Other possible status of the authorization request is listed in the table at the left.


Submit Prior Authorization Request



ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference #
(Please enter 9 digit numeric value.)



Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.
Please use the Print Cover Sheet Button Above to print ONLY.
Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

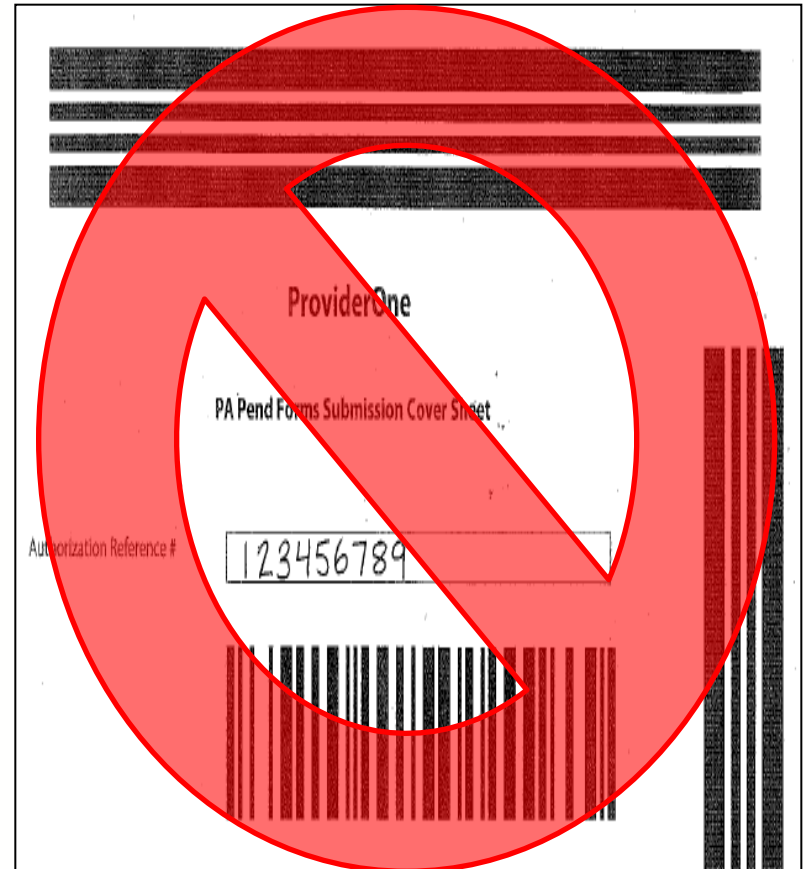
DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!

Privacy Statement:
This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

HIPAA Compliance:
Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.



ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference #

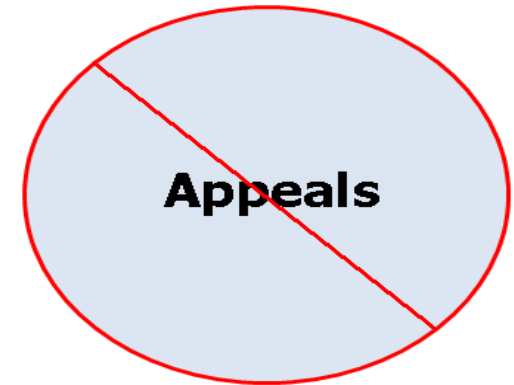


Cover Sheets are located at :

http://www.hca.wa.gov/medicaid/billing/pages/document_submission_cover_sheets.aspx

Claim Appeals

Claim Appeals



- We don't have an "appeal process" for denied claims.
- Fix the claim error causing claim denial and resubmit the claim.
- If you think the claim(s) were denied in error submit a work ticket online at <https://fortress.wa.gov/hca/p1contactus/>
- Work tickets average 25 days to process and complex tickets can take longer.

Spenddown

What is a Spenddown?

- An expense or portion of an expense which has been determined by the Agency to be a client liability.
- Expenses which have been assigned to meet a client liability are not reimbursed by the Agency.
- Spenddown liability is deducted from any payment due the provider.
- Call the customer service call center at 1-800-394-4571.

How does a Provider know if a Client has a Spenddown Liability?

- The client benefit inquiry indicating “Pending Spenddown – No Medical” looks like this:

Client Eligibility Spans					
Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼
30: Health Benefit Plan Coverage	MC: Medicaid	Pending Spenddown - No Medical	08/01/2011	12/31/2999	S99

What is the Spenddown amount?

- The same eligibility check indicates the spenddown amount:

Spenddown Information							
Base Period - Start: 08/01/2011 End: 01/31/2012							
Total Spenddown ▲ ▼	Spenddown Liability ▲ ▼	Remaining Spenddown ▲ ▼	EMER Liability ▲ ▼	Remaining EMER ▲ ▼	Spenddown Status ▲ ▼	Update Date ▲ ▼	Spenddown Start ▲ ▼
2022.00	2022.00	2022.00	0.00	0.00	Pending	08/09/2011	08/01/2011

- The clients “award” letter indicates who the client pays.
- Call the spenddown call center at Call 1-800-394-4571.

How does a provider report the Spenddown amount on a claim?

- Dental paper claim enter the spenddown:
 - ✓ In field 35, comments
 - ✓ Enter **SCI=Y**
 - ✓ Then **enter the \$\$** amount
- 837D – HIPAA/EDI dental claim:
 - ✓ Enter amount in Loop 2300, data element AMT02
 - In AMT01 use the F5 qualifier

Billing a Client

Billing a Client

- **Billing a Client:** allowing providers, in **limited circumstances**, to bill fee-for-service or managed care clients for covered healthcare services, and allowing fee-for-service or managed care clients the option to self-pay for covered healthcare services.

Healthcare Service Categories

The groupings of healthcare services listed in the table in WAC 182-501-0060. Healthcare service categories are included or excluded depending on the client's benefits package.

Excluded Services

A set of services that we do not include in the client's benefits package. There is no Exception To Rule (ETR) process available for these services

Covered service

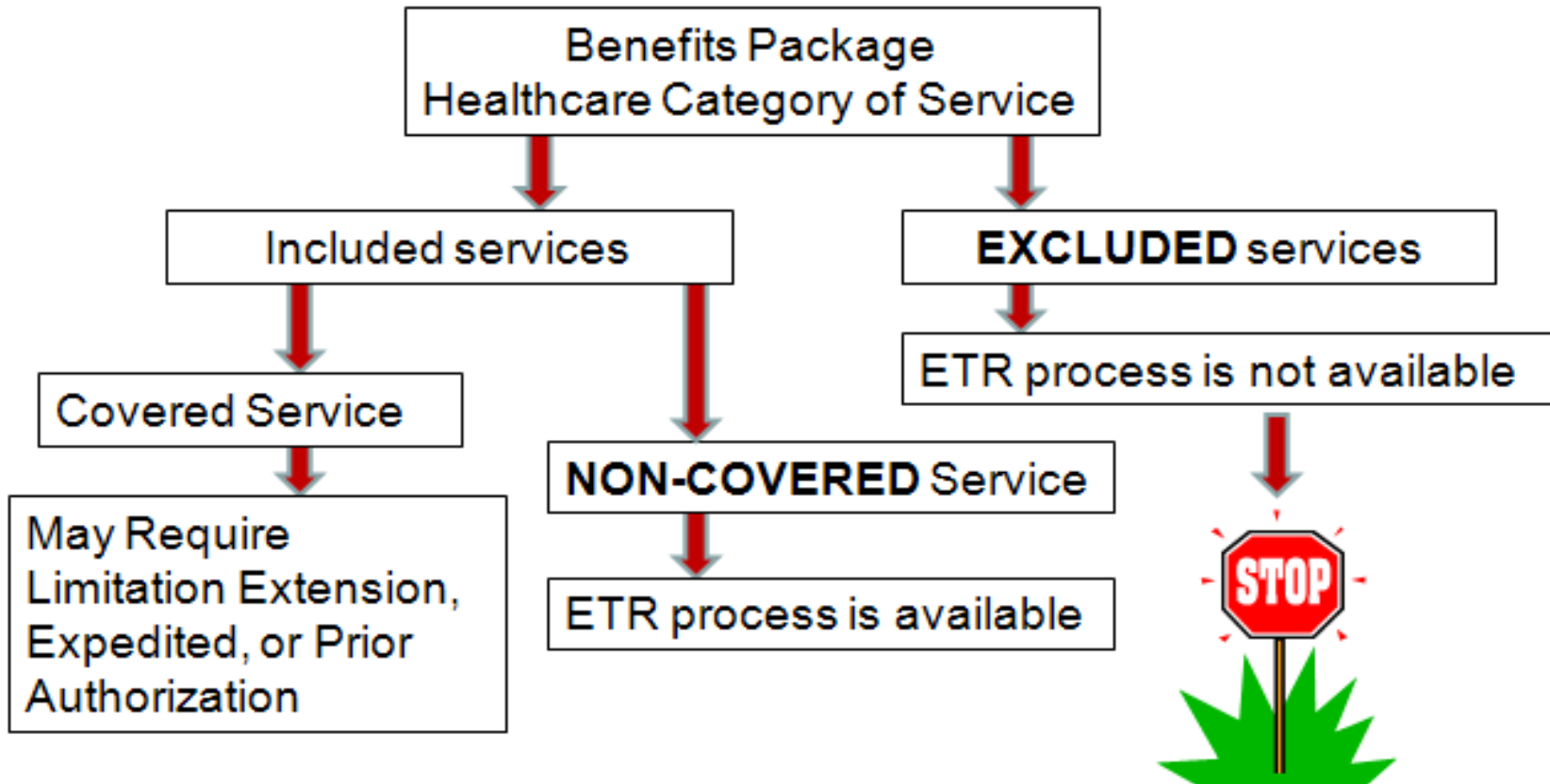
Is a healthcare service contained within a "service category," that is included in a medical assistance benefits package described in WAC 182-501-0060.

Non-covered service

Is a specific healthcare service (for example, Implant services), contained within a service category that is included in a medical assistance benefits package, for which the Agency does not pay without an approved exception to rule (ETR) (see WAC 182-501-0160). **A non-covered service is not an excluded service** (see WAC 182-501-0060).

Non-covered services are identified in WAC 182-501-0070 and in specific health-care program rules

NON-COVERED VS. EXCLUDED



Note: This process flow was created to assist providers when the Medicaid budget changes occurred in January 2011.

NON-COVERED VS. EXCLUDED

Non-Covered	Excluded for Adults* (no funding for these services)
<ul style="list-style-type: none"> • Hairpieces or wigs <ul style="list-style-type: none"> • DME services are covered, however wigs are not covered under the DME benefits package. 	<ul style="list-style-type: none"> • Adult Vision Hardware
<ul style="list-style-type: none"> • Upright MRI <ul style="list-style-type: none"> • Diagnostic procedures are covered, but this specific procedure is not covered after a health technology review of its efficacy. 	<ul style="list-style-type: none"> • Adult Hearing Hardware <p>* 21 years of age and older</p>
ETR CAN BE REQUESTED	NO ETR PROCESS AVAILABLE

Note: Examples today are based on Benefits Packages effective January 1, 2014

The client is under the Agency's or an Agency-contracted MCO's patient review and coordination (PRC) program (WAC 182-501-0135) and receives nonemergency services from providers or healthcare facilities other than those to whom the client is assigned or referred under the PRC program.

The bill counts toward the financial obligation of the client or applicant (such as spenddown liability, client participation as described in WAC 388-513-1380, emergency medical expense requirement, deductible, or copayment required by the Agency.)

WHEN CAN A PROVIDER BILL A CLIENT WITHOUT FORM 13-879

The client represented himself/herself as a private pay client and not receiving medical assistance when the client was already eligible for and receiving benefits under a medical assistance program.

The client, the client's legal guardian, or the client's legal representative:

- Was reimbursed for the service directly by a third party; or
- Refused to complete and sign insurance forms, billing documents, or other forms necessary for the provider to bill the third party insurance carrier for the service.

The service is covered by the Agency with prior authorization, all the requirements for obtaining authorization are completed and was denied, the client completes the administrative hearings process or chooses to forego it or any part of it, and the service remains denied by the Agency as not medically necessary.

The service is covered by the Agency and does not require authorization, but the service is a specific type of treatment, supply, or equipment based on the client's personal preference that the Agency does not pay for. The client completes the administrative hearings process or chooses to forego it or any part of it.

WHEN CAN A PROVIDER BILL A CLIENT WITH FORM 13-879?

If the service is not covered, the provider must inform the client of his or her right to have the provider request an ETR, and the client chooses not to have the provider request an ETR .

The service is not covered by the Agency, the provider requests an ETR and the ETR process is exhausted, and the service is denied.

Services for which the provider did not correctly bill the Agency.

If the Agency returns or denies a claim for correction and resubmission, the client cannot be billed.

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Services for which the Agency denied the authorization because the process was placed on hold pending receipt of requested information but the requested information was not received by the Agency. (WAC 182-501-0165(7)(c)(i)). This includes rejected authorizations, when the authorization request is returned due to missing required information.

The cost difference between an authorized service or item and an "upgraded" service or item preferred by the client (e.g., a wheelchair with more features; brand name versus generic drugs).

Providers are not allowed to "balance bill" a client.

Missed, cancelled, or late appointments

Shipping and/or postage charges

"Boutique," "concierge," or enhanced service packages (e.g., newsletters, 24/7 access to provider, health seminars) as a condition for access to care.

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Services for which the provider has not received payment from the Agency or the client's MCO because the provider did not complete all requirements necessary to obtain payment; (example: billing using a diagnosis code which is not a primary diagnosis code per ICD-9).

Copying, printing, or otherwise transferring healthcare information, as the term healthcare information is defined in chapter 70.02 RCW, to another healthcare provider, which includes, but is not limited to:

Medical/dental charts

Radiological or imaging films

Laboratory or other diagnostic test results

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

Form 13-879

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.

Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S ID NUMBER
PROVIDER'S PRINTED NAME	PROVIDER NUMBER

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- The provider and the client must complete this form **only after** they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at <http://hrsa.dshs.wa.gov/mpforms.shtml>.

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR/NFJ REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED, IF APPLICABLE	
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH HCA NOTICE)
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		PA REQUEST	PA DENIAL (ATTACH HCA NOTICE)
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH HCA NOTICE)
			<input type="checkbox"/> Noncovered service <input type="checkbox"/> Noncovered service, ETR waived <input type="checkbox"/> Non-formulary drug, NFJ waived <input type="checkbox"/> Covered but denied as not medically necessary <input type="checkbox"/> Covered, but specific type not paid for <input type="checkbox"/> Order, prescribed, or referred by non-enrolled licensed health care professional		PA REQUEST	PA DENIAL (ATTACH HCA NOTICE)

• I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.

• I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; 2) submit a Non-Formulary Justification (NFJ) with the help of my prescriber for a non-formulary medication; or 3) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.

• I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.

• I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.

• I agree to pay the provider directly for the specific service(s) listed above.

• I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.

• I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

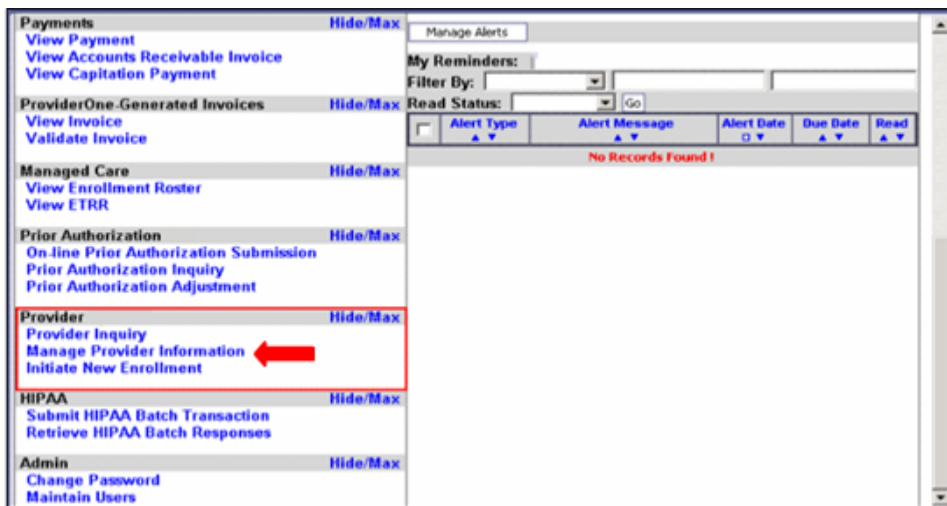
I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE	DATE
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE	DATE
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

Provider File Maintenance

Provider File Maintenance

➤ Modifying Provider File Information

- ✓ Log into ProviderOne with the **Provider File Maintenance** or **Supers User** profile.
- ✓ Click on the **Manage Provider Information** hyperlink



Provider Types include:

- ✓ Individual
- ✓ Group
- ✓ Tribal
- ✓ Facilities (FAOI)
- ✓ Servicing

- ✓ Go to web page

<http://www.hca.wa.gov/medicaid/provider/pages/provideronemanuals.aspx> for the different provider file update modification manuals.

Provider File Maintenance

➤ Modifying Provider File Information

- ✓ The **Business Process Wizard** contains the steps for modification. Click on the step hyperlink to modify.

View/Update Provider Data - Group Practice:

Business Process Wizard - Provider Data Modification (Group Practice). In order to finalize submission of your requested changes, you must c

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 2: Locations	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	06/15/2010	07/22/2010	Complete
<input type="checkbox"/>	Step 4: Ownership Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	06/15/2010	07/22/2010	Complete
<input type="checkbox"/>	Step 6: Training and Education	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 7: Identifiers	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 8: Contract Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 10: Invoice Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Required	01/19/2011	01/19/2011	Complete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional	05/10/2010	05/10/2010	Complete
<input type="checkbox"/>	Step 15: Servicing Provider Information	Required	08/31/2011	09/06/2011	Complete
<input type="checkbox"/>	Step 16: Payment Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	09/30/2009	09/30/2009	Complete

Provider File Maintenance

➤ Step 3: Specializations (Taxonomy Codes)

Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By : And

Operational Status: Active

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty ▲ ▼	Administration ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Operational Status ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	12-Dental Providers	23-Dentist/00000-Dentist	HRSA	02/23/2009	12/31/2999	Active	Approved
<input type="checkbox"/>	12-Dental Providers	23-Dentist/G0001-General Practice	HRSA	02/23/2009	12/31/2999	Active	Approved
<input type="checkbox"/>	12-Dental Providers	23-Dentist/X0400-Orthodontics and Dentofacial Orthopedics	HRSA	02/23/2009	12/31/2999	Active	Approved

- ✓ The first specialization taxonomy code is 12-23-00000 then add a "X" to all or 122300000X for a dentist.
- ✓ Be aware of the taxonomy code start date (should be the same as provider start date).
- ✓ Additional taxonomy codes may be added (based on the provider credentialing).

Provider File Maintenance

- Step 11: EDI Submission Method - How are you going to bill?

EDI Submission Details: You may check multiple Modes of Submission. NPI is required for all selections.

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: ☐ Web Batch ☐ Billing Agent/Clearinghouse ☐ FTP Secured Batch ☐ Web Interactive

Status: In Review

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly into ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50MB.

- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

- ✓ Web Batch – batching claims with your software
- ✓ Billing Agent/Clearinghouse – submits your claim batches
- ✓ FTP Secured Batch – used for very large claim batches
- ✓ Web Interactive – DDE claims entered directly into ProviderOne
- ✓ Selection may trigger other steps to become required

Provider File Maintenance

➤ Step 11: EDI Submission Method - Updates

- ✓ Adding a Billing Agent/Clearinghouse.
- ✓ To see your addition, Filter By: Status then add % and click **Go**.
- ✓ Your request is seen with In-Review status.

Close Add

EDI Submission Method:

Filter By: % And

And Operational Status: Go

<input type="checkbox"/>	EDI Submission Method □ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼	Operational Status ▲ ▼
<input type="checkbox"/>	Billing Agent/Clearinghouse, FTP Secured Batch, Web Interactive	05/01/2009	12/31/2999	IN REVIEW	Active

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Provider File Maintenance

- Step 13: EDI Submitter Details – Billing Agent/Clearinghouse
 - ✓ Add the Billing Agent/Clearinghouse ProviderOne ID
 - Get the ID number from the Billing Agent/Clearinghouse; or
 - Go to the HIPAA web site to review the posted list at <http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx>

Add Submitter - Windows Internet Explorer

ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Associate Billing Agent/Clearinghouse:

Billing Agent/Clearinghouse ProviderOne Id: *

Start Date: * End Date:

Status: In Review

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No	<input type="text"/>	<input type="text"/>
277-Claim Status Response	No	<input type="text"/>	<input type="text"/>
277U-Unsolicited Claims Status Response	No	<input type="text"/>	<input type="text"/>
278-Prior Authorization Response	No	<input type="text"/>	<input type="text"/>
820-Premium Payment	No	<input type="text"/>	<input type="text"/>
834-Benefit Enrollment	No	<input type="text"/>	<input type="text"/>
835-Healthcare Claim Payment Advice	No	<input type="text"/>	<input type="text"/>

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OK Cancel

- ✓ Add the start date with your organization.
- ✓ Add authorization for any transactions they will do.

Provider File Maintenance

- Step 15: Servicing Provider Information
 - ✓ View the list of providers that work at the clinic.

Welcome Jones, John . You have logged-in with EXT Provider File Maintenance profile. Links: --Select--

Path: Provider Portal/ Group Practice Modification
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Close Add

Servicing Provider List:

Filter By : And

And Operational Status : Active

<input type="checkbox"/>	ProviderOne ID ▲ ▼	Servicing Provider Name ▲ ▼	Servicing Provider NPI □ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼	Operational Status ▲ ▼	Inactivation Date ▲ ▼
<input type="checkbox"/>	3050186	MARIO, ROBERT	5522447783	12/11/2001	12/31/2999	Approved	Active	
<input type="checkbox"/>	2370695	SORENSON, HERMAN	3334445558	07/01/2008	12/31/2999	Approved	Active	
<input type="checkbox"/>	1000092	GOLDEN, MICHAEL	1234567890	07/01/2008	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

- ✓ Adding a new provider is covered later in this presentation.

Provider File Maintenance

- Step 15: Servicing Provider Information – Ending a provider association
 - ✓ Click on the **ProviderOne ID** on the provider list.

Servicing Provider List:

Filter By : And

And Operational Status : Active

<input type="checkbox"/>	ProviderOne ID ▲ ▼	Servicing Provider Name ▲ ▼	Servicing Provider NPI □ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼	Operational Status ▲ ▼	Inactivation Date ▲ ▼
<input type="checkbox"/>	3050186	MARIO, ROBERT	5522447783	12/11/2001	12/31/2999	Approved	Active	
<input type="checkbox"/>	2370695	SORENSEN, HERMAN	3334445558	07/01/2008	12/31/2999	Approved	Active	
<input type="checkbox"/>	1000092	GOLDEN, MICHAEL	1234567890	07/01/2008	12/31/2999	Approved	Active	

- ✓ Enter an end date then **save** the change.

Close Save

Manage Servicing Provider:

ProviderOne ID / NPI: 2370695

Provider Name: SORENSON, HERMAN

Status: Approved

Start Date: 07/01/2008 *

End Date: 12/31/2999

Provider File Maintenance

➤ Step 15: Servicing Provider Information

- ✓ Viewing a Servicing Provider's taxonomy codes

Servicing Provider List:

Filter By :

And Operational Status : Active

<input type="checkbox"/>	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI
<input type="checkbox"/>	3050186	MARIO, ROBERT	5522447783
<input type="checkbox"/>	2370695	SORENSEN, HERMAN	3334445558
<input type="checkbox"/>	1000092	GOLDEN, MICHAEL	1234567890

- ✓ At the provider list page, click on the **provider's name**.
- ✓ ProviderOne opens the individual provider's **Business Process Wizard**.

- ✓ Click on **Step 3: Specializations** to see the taxonomy code list for your provider.

Close Required Credentials Undo Update

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data Individual: Servicing Provider Business Process Wizard

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested change

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date
<input type="checkbox"/>	Step 1: Basic Information	Required	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 2: Locations	Not Required	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 3: Specializations	Required	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 4: Ownership Details	Not Required	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 6: Training and Education	Optional	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 7: Identifiers	Optional	11/06/2010	11/06/2010
<input type="checkbox"/>	Step 8: Contract Details	Not Required	11/06/2010	11/06/2010

Provider File Maintenance

➤ Step 16: Payment Details

- ✓ Displayed is current payment information
- ✓ To modify click on the **00**

The screenshot shows a web application interface for "Provider File Maintenance". At the top, there are "Close" and "Add" buttons. Below them is a "Payment Details:" section with a text input field. Underneath is a "Filter By:" section with two dropdown menus and text input fields, followed by an "And" section with another dropdown and text input. Below that is an "And Operational Status:" section with a dropdown menu set to "Active" and a "Go" button. The main part of the interface is a table with the following columns: "Location Code", "Location Name", "Payment Method", "Start Date", "End Date", "Status", and "Operational Status". Each column header has a small icon (a square with a downward arrow for the first two, and triangles for the others). The table contains one row with the following data: "00" (Location Code), "MARIO HEALTH CENTER" (Location Name), "Paper Check" (Payment Method), "07/01/2008" (Start Date), "12/31/2999" (End Date), "APPROVED" (Status), and "Active" (Operational Status). At the bottom of the table, there is a navigation bar with buttons: "<<", "Viewing Page 1", "Next >>", "1", "Go", "Page Count", and "SaveToXLS". A red arrow points to the "00" in the "Location Code" column.

Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status
00	MARIO HEALTH CENTER	Paper Check	07/01/2008	12/31/2999	APPROVED	Active

Provider File Maintenance

➤ Step 16: Payment Details

- ✓ Switching to Electronic Funds Transfer (preferred)

Payment Details:

Identify Payment Details

Location: 00-MARIO HEALTH CENTER State Wide Vendor Number:

Payment Method: ☒ Electronic Funds Transfer(Direct Deposit) ☐ Paper Check

Start Date: 07/01/2008 *

End Date: 12/31/2999

Status: Approved

Electronic Funds Transfer: ←

Electronic Funds Transfer Details

Bank Name: * Routing Transit Number: *

Account Number: * Account Type: Checking *

Payment Notification Preference: Email Notification * EFT Test Status:

OK Cancel

- ✓ Enter your banking information then click **OK**

Provider File Maintenance

➤ Step 16: Payment Details

- ✓ Complete the Authorization Agreement for Electronic Funds Transfer form

- Form 12-002 for new EFT sign-up
- Form 12-003 for change to EFT account

- ✓ Have the form signed

- ✓ Fax in to 360-725-2144; or

- ✓ Mail to address on the form

- ✓ Find the form at:

<http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>

Provider File Maintenance

➤ Step 17: Submit Modification for Review

Final Submission:

ProviderOne ID: 2857403 **Enrollment Type:** Group Practice

The requested modifications submitted shall be verified and reviewed by the DSHS.
During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to DSHS. If you do not use an NPI please use your ProviderOne ID.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the the NPI number or ProviderOne ID number in the Provider ID field on the cover sheet.
4. Include the cover sheet, with the NPI number or ProviderOne ID number, when mailing or faxing documentation to the DSHS.

Application Document Checklist:

Forms/Docs □ ▼	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	NO
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp	NO
EDI Required Documentation	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider		NO
Business License	Please provide a copy of all business license.	http://dor.wa.gov/content/home/brd/default.aspx	NO

Viewing Page 1 1 Page Count

Provider File Maintenance

- More information on provider file maintenance:

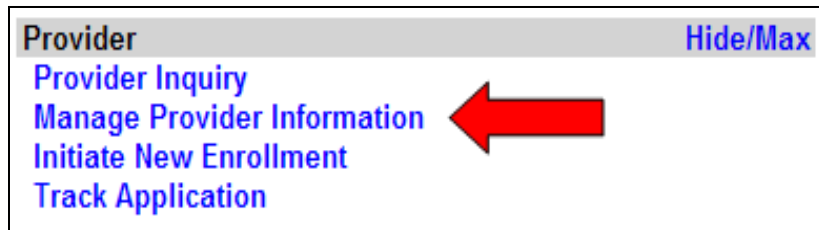
<http://www.hca.wa.gov/medicaid/provider/pages/provideronemanuals.aspx>

- Find your manual to review.

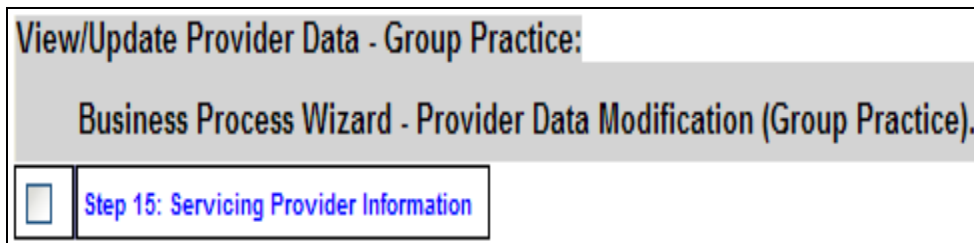
Enroll a New Rendering Provider

Enroll a New or Existing Rendering Provider

- Log into ProviderOne using the **File Maintenance** or **Super User profile**



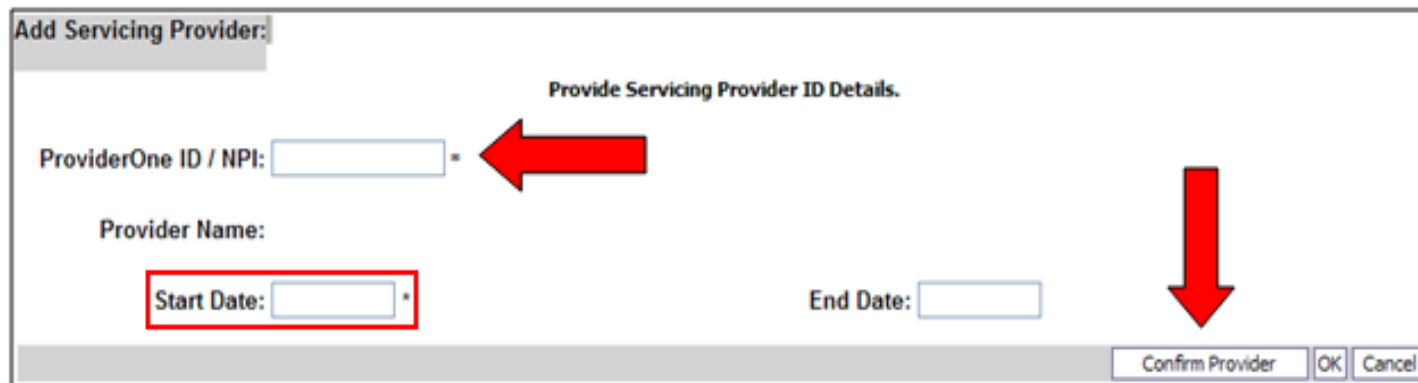
- ✓ Under Provider click on the hyperlink **Manage Provider Information**



- ✓ At the Business Process Wizard click on **Step 15: Servicing Provider Information**

Enroll a New or Existing Rendering Provider

- When the Servicing Provider List opens, click on the **Add** button.



The screenshot shows a web form titled "Add Servicing Provider:". Below the title is a sub-header "Provide Servicing Provider ID Details." The form contains the following fields and controls:

- "ProviderOne ID / NPI:" followed by a text input field with an asterisk. A red arrow points to this field.
- "Provider Name:" followed by a text input field.
- "Start Date:" followed by a date input field with an asterisk. This field is outlined in red.
- "End Date:" followed by a date input field.
- At the bottom right, there are three buttons: "Confirm Provider", "OK", and "Cancel". A red arrow points down to the "Confirm Provider" button.

- At the Add screen:
 - ✓ Enter the provider's NPI
 - ✓ Enter their start date at your clinic
 - ✓ Click on the **Confirm Provider** button

Enroll a New or Existing Rendering Provider

- If the provider is already entered in ProviderOne - their name will be confirmed.

Add Servicing Provider:

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: 1559933662 *

Provider Name: SMITH, DAVID

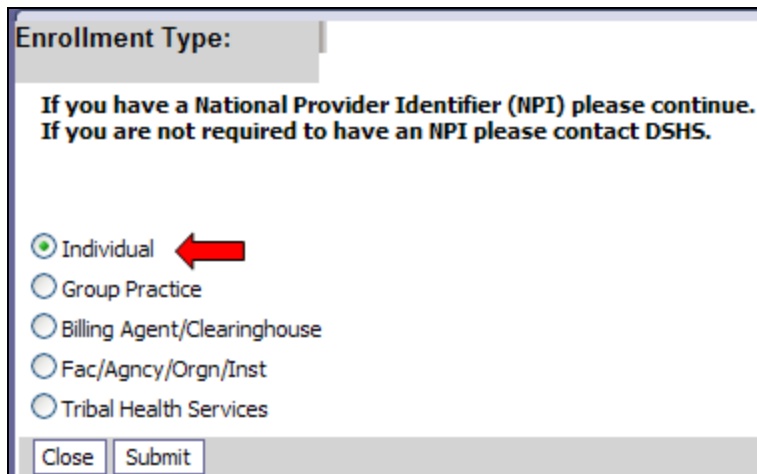
Start Date: 02/01/2012 * End Date:

Confirm Provider OK Cancel

- Click the **OK** button to add the provider to your list.
- Remember to click **Step 18: Submit Modification for Review.**
- The State will then review your request.

Adding a New Rendering Provider

- There are two ways to add a new provider to your Domain:
 - ✓ Follow the steps above. When you “Confirm” the provider and they are not in the system, follow the steps below to enroll them.
 - ✓ At your Portal click on **Initiate New Enrollment** hyperlink.



The screenshot shows a web form titled "Enrollment Type:". Below the title, there is instructional text: "If you have a National Provider Identifier (NPI) please continue. If you are not required to have an NPI please contact DSHS." There are five radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agency/Orgn/Inst", and "Tribal Health Services". The "Individual" option is selected, and a red arrow points to it. At the bottom of the form are two buttons: "Close" and "Submit".

- ✓ Click on **Individual** to add the rendering/servicing provider to your Domain.

Adding a New Rendering Provider

- At the Basic Information page for the rendering provider enrollment:

Basic Information: If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

Tax Identifier Type: ☐ FEIN ☒ SSN

Organization Name: (as shown on Income Tax Return)

Organization Business Name: FEIN:

First Name: JOHN (as shown on Social Security Card) Middle Name or Middle Initial: L

Last Name: SMITH (as shown on Social Security Card)

Suffix: MD Gender: Male

SSN: 002272012 Title:

Date of Birth: 07/15/1985 Servicing Type: Servicing Only

NPI: 1567890234 W-9 Entity Type: Other

Other Organizational Information: ---SELECT---

Enrollment Effective Date: 02/01/2012 UBI:

Receive Invoice for Medical Services?: No W-9 Entity Type (If Other): SERVICING ONLY

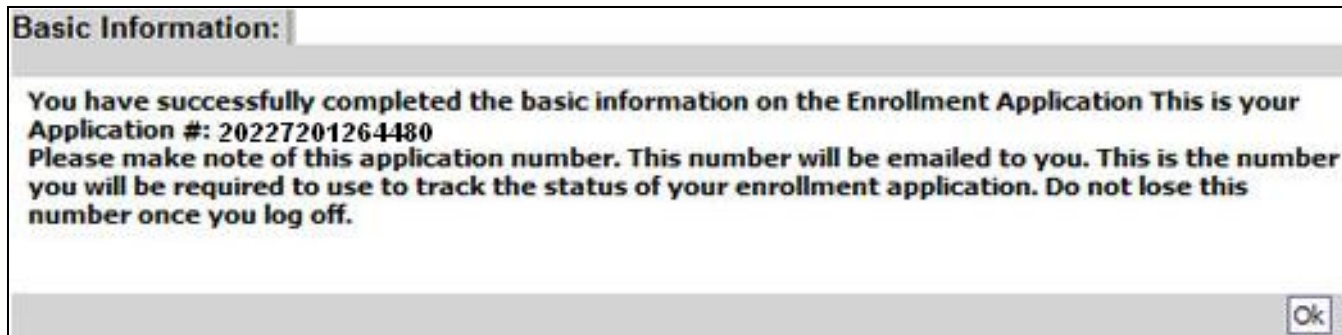
Email Address:

Finish Cancel

- ✓ Most important - check the **SSN** radio button!
- ✓ When filling in the rest of the data fields be sure to select **Servicing Only** as the Servicing Type.

Adding a New Rendering Provider

- Once the Basic Information page is filled in click the **Finish** button.
- The basic information on the enrollment application is submitted into ProviderOne which generates the Application number.



- Be sure to record this application number for use in tracking the status of the enrollment application. Then click **OK**.

Adding a New Rendering Provider

- The Business Process Wizard - Step 1 is complete

Close Required Credentials Undo Update

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested - St

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	03/01/2012	03/01/2012	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required			Incomplete
<input type="checkbox"/>	Step 3: Specializations	Required			Incomplete
<input type="checkbox"/>	Step 4: Ownership Details	Not Required			Incomplete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required			Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional			Incomplete
<input type="checkbox"/>	Step 7: Identifiers	Optional			Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Not Required			Incomplete
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional			Incomplete
<input type="checkbox"/>	Step 10: Invoice Details	Optional			Incomplete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional			Incomplete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional			Incomplete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Optional			Incomplete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional			Incomplete
<input type="checkbox"/>	Step 15: Billing Provider Details	Optional			Incomplete
<input type="checkbox"/>	Step 16: Payment Details	Not Required			Incomplete
<input type="checkbox"/>	Step 17: View Union Information	Optional			Incomplete
<input type="checkbox"/>	Step 18: Submit Modification for Review	Required			Incomplete

- Not all remaining steps are required.






Adding a New Rendering Provider

- The steps with the arrows should be filled out.

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	03/01/2012	03/01/2012	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required			Incomplete
<input type="checkbox"/>	Step 3: Specializations 	Required			Incomplete
<input type="checkbox"/>	Step 4: Ownership Details	Not Required			Incomplete
<input type="checkbox"/>	Step 5: Licenses and Certifications 	Required			Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional			Incomplete
<input type="checkbox"/>	Step 7: Identifiers 	Optional			Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Not Required			Incomplete
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional			Incomplete
<input type="checkbox"/>	Step 10: Invoice Details	Optional			Incomplete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional			Incomplete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional			Incomplete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Optional			Incomplete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional			Incomplete
<input type="checkbox"/>	Step 15: Billing Provider Details 	Optional			Incomplete
<input type="checkbox"/>	Step 16: Payment Details	Not Required			Incomplete
<input type="checkbox"/>	Step 17: View Union Information	Optional			Incomplete
<input type="checkbox"/>	Step 18: Submit Modification for Review 	Required			Incomplete

Adding a New Rendering Provider

- Step 3: Specializations
 - ✓ Add Taxonomy here.
- Step 5: Licenses and Certifications
 - ✓ Enter license/certification issued by the Department of Health.
- Step 7: Identifiers (DEA number)
- Step 15: Billing Provider Details
 - ✓ Add the NPI and Name of clinic that will bill for this rendering provider's services.
- Step 18: Submit Modification for Review
 - ✓ Open this and click the Submit Button to send to the State for approval.
- Send in all required supporting documentation (CPA, Certifications, etc.)

HIPAA Transactions

HIPAA Transactions

- Who can conduct Batch submissions?
 - ✓ Anyone can as long as you or your clearinghouse have gone through testing to confirm your software is HIPAA compliant.
 - ✓ Link to HIPAA batch testing site:
<http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx>

HIPAA Transactions

- What kinds of transactions are available?
 - ✓ All the available HIPAA transactions and their descriptions can be found at this site:
<http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx>

HIPAA Transactions

➤ Where do I get information:

- ✓ <http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx>

➤ Contact information:

- ✓ Hipaa-help@hca.wa.gov

Online Resources

Online Resources

➤ Medicaid Providers' Home

✓ <http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx>

Washington State Health Care Authority
Medicaid

Health Benefits ▾ Agency Programs ▾ Health Care Reform ▾ Employment ▾ About the HCA ▾

Search this site... 🔍

MEDICAID PROVIDERS HOME

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Providers Home | Training | Fact Sheets | Links | Claims and Billing | New Provider | Webinars | ProviderOne Manuals

Note: Browsers may need Windows update

ProviderOne is currently not compatible with Internet Explorer (IE) 10. Microsoft is pushing out an automatic Windows 7 update. With this update, IE10 is becoming available to more users. If your office happens to upgrade to IE10, there are some simple steps you will have to take to access ProviderOne. These steps will also be available from the ProviderOne Login page in approximately 7-10 business days.

1. Go to Tools in the Internet Explorer menu bar
2. Select/click on Compatibility View option

Questions? Visit the HCA website to contact us. Your message will be delivered to the appropriate staff.

CMMI State Innovation Models Grant

Washington State CMMI State Innovations Grant Application Project Summary (Released 9/7/12)

Webinar Presentations

- State Innovation Models (SIM) Grant Webinar (8/29/12)
- CMMI Innovation Grant Update Webinar (9/7/12)
- Stakeholder Letter of Support Template

News and Updates

- New enrolled provider requirements effective July 1, 2012
- FAQ about the new Medicaid requirements for Ordering, Prescribing, and Referring Providers
- Emergency Room changes planned for July 1, 2012.
- Medicare and Medicaid: Dual eligibles project posted.

You may also want to visit:

- Budget Cuts how they affect the Medicaid Program
- ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage
- Join the Medicaid email list for providers to get the latest information specific to your business
- ProviderOne Weekly Claims Report Providers can check their claim statistics by tax ID then NPI
- Scope of Care client coverage eligibility for services
- Coordination of Benefits
- A Provider link to ProviderOne Note: this link is for external providers and will not work for internal staff
- Contact the Customer Service Center

Online Resources

- Medicaid Providers' Home (cont'd)
 - ✓ Training tab

Washington State Health Care Authority Medicaid

Health Benefits ▾ Agency Programs ▾ Health Care Reform ▾ Employment ▾ About the HCA ▾

Search this site... 🔍

Medicaid

- Home
- Contact Medicaid
- Programs and Services Directory

Client Services

- Health Care Assistance ▾
- Healthy Options/Managed Care

Provider Information

- Provider Services
- Durable Medical Equipment
- Hospital Payments
- Provider Guides and Notices

Administration

- Forms
- Provider Termination and Exclusion List
- Publications
- Reports ▾
- State Plan for Medicaid ▾

TRAINING

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Providers Home | Training | Fact Sheets | Links | Claims and Billing | New Provider | Webinars | ProviderOne Manuals

The **Medicaid Program** offers a variety of learning opportunities for providers. These include live webinars, E-learning lessons, tutorials, and manuals.

Add a DEA number to a provider file. ProviderOne has been updated to accept a provider's DEA number on their provider file in the system and the process is demonstrated in the following presentation.

- Add a DEA Number

New Tribal Billing Method Training. Provider Relations in cooperation with the Tribal program has produced a presentation explaining the new coding billing method for tribal claims.

- New Tribal Billing presentation

Medicaid Provider Relations is offering Medicaid 101 training workshops. The 2013 workshop schedule has not been established yet.

Good News, these Medicaid workshops have been approved by the AAPC as meeting the requirements for 5.0 CEU's continuing education hours. All certified coders that attend will be given a certificate of workshop completion.

The following workshop has been completed:

- Medicaid 101 Workshop - Presentation slide show
- Dental Medicaid 101 Workshop - Presentation slide show

Additional Training resources include:

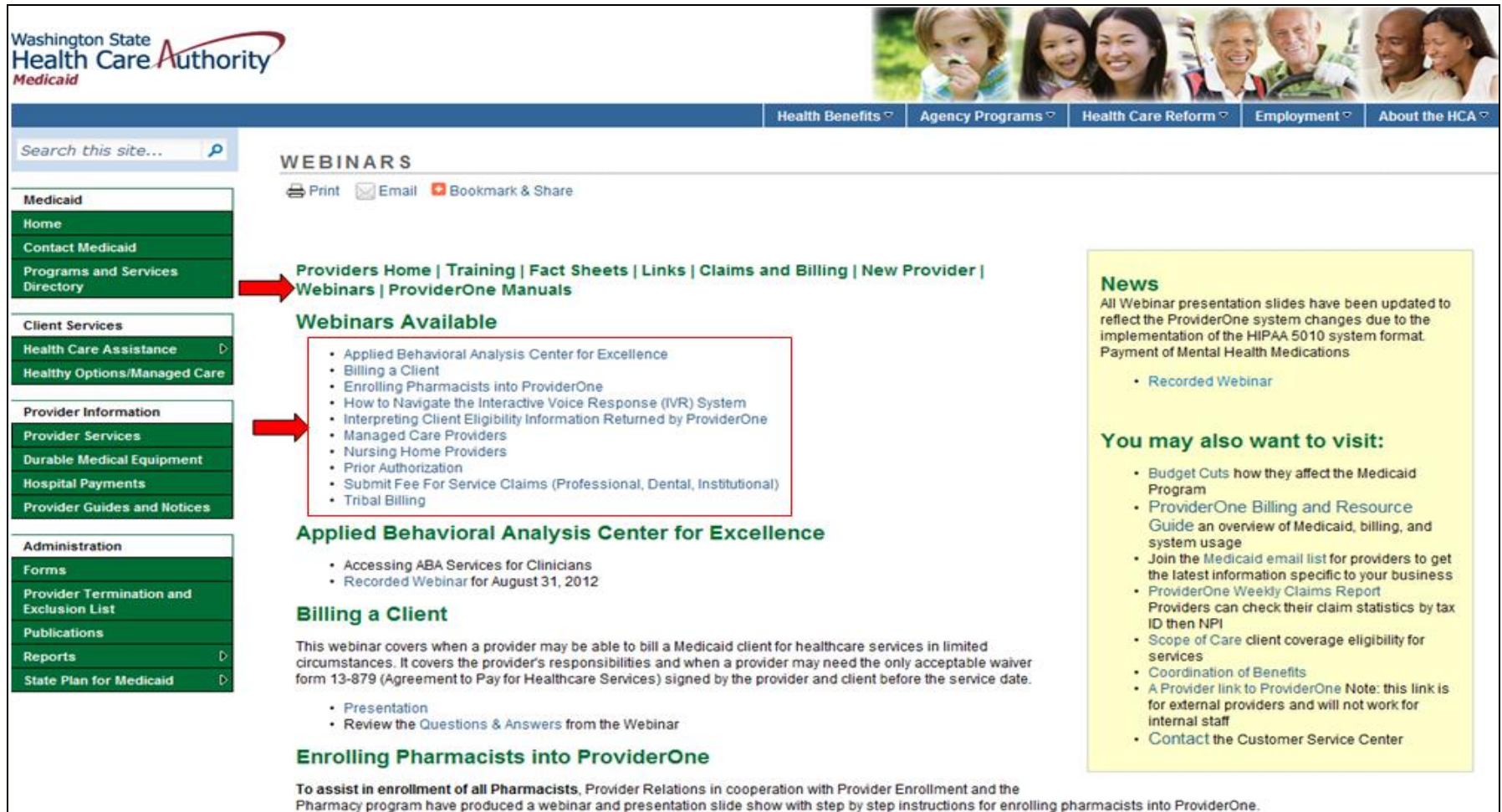
- Operational Webinars
- ProviderOne System Tutorials
- ProviderOne System E-Learning sessions
- Pilot program to reduce wait times for the Customer Service phone line. Take the P.E.R.K. training now.

You may also want to visit:

- Budget Cuts how they affect the Medicaid Program
- ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage
- Join the Medicaid email list for providers to get the latest information specific to your business
- ProviderOne Weekly Claims Report Providers can check their claim statistics by tax ID then NPI
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- Coordination of Benefits
- A Provider link to ProviderOne Note: this link is for external providers and will not work for internal staff
- Contact the Customer Service Center

Online Resources

- Medicaid Providers' Home (cont'd)
 - ✓ Webinars with each hyperlink



The screenshot displays the Washington State Health Care Authority Medicaid website. The top navigation bar includes links for Health Benefits, Agency Programs, Health Care Reform, Employment, and About the HCA. A search bar is located on the left. The main content area is titled "WEBINARS" and features a sidebar with a menu of links. The "Webinars Available" section lists several topics, with a red box highlighting the "Applied Behavioral Analysis Center for Excellence" and "Billing a Client" webinars. The "Applied Behavioral Analysis Center for Excellence" section provides details about the webinar, including a list of topics and a link to the presentation. The "Billing a Client" section provides details about the webinar, including a list of topics and a link to the presentation. The "Enrolling Pharmacists into ProviderOne" section provides details about the webinar, including a list of topics and a link to the presentation. A "News" section on the right provides information about the ProviderOne system changes. A "You may also want to visit:" section on the right provides links to various resources.

Washington State Health Care Authority Medicaid

Health Benefits | Agency Programs | Health Care Reform | Employment | About the HCA

Search this site...

WEBINARS

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Medicaid

- Home
- Contact Medicaid
- Programs and Services Directory

Client Services

- Health Care Assistance
- Healthy Options/Managed Care

Provider Information

- Provider Services
- Durable Medical Equipment
- Hospital Payments
- Provider Guides and Notices

Administration

- Forms
- Provider Termination and Exclusion List
- Publications
- Reports
- State Plan for Medicaid

Providers Home | Training | Fact Sheets | Links | Claims and Billing | New Provider | Webinars | ProviderOne Manuals

Webinars Available

- Applied Behavioral Analysis Center for Excellence
- Billing a Client
- Enrolling Pharmacists into ProviderOne
- How to Navigate the Interactive Voice Response (IVR) System
- Interpreting Client Eligibility Information Returned by ProviderOne
- Managed Care Providers
- Nursing Home Providers
- Prior Authorization
- Submit Fee For Service Claims (Professional, Dental, Institutional)
- Tribal Billing

Applied Behavioral Analysis Center for Excellence

- Accessing ABA Services for Clinicians
- Recorded Webinar for August 31, 2012

Billing a Client

This webinar covers when a provider may be able to bill a Medicaid client for healthcare services in limited circumstances. It covers the provider's responsibilities and when a provider may need the only acceptable waiver form 13-879 (Agreement to Pay for Healthcare Services) signed by the provider and client before the service date.

- Presentation
- Review the Questions & Answers from the Webinar

Enrolling Pharmacists into ProviderOne

To assist in enrollment of all Pharmacists, Provider Relations in cooperation with Provider Enrollment and the Pharmacy program have produced a webinar and presentation slide show with step by step instructions for enrolling pharmacists into ProviderOne.

News

All Webinar presentation slides have been updated to reflect the ProviderOne system changes due to the implementation of the HIPAA 5010 system format. Payment of Mental Health Medications

- Recorded Webinar

You may also want to visit:

- Budget Cuts how they affect the Medicaid Program
- ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage
- Join the Medicaid email list for providers to get the latest information specific to your business
- ProviderOne Weekly Claims Report Providers can check their claim statistics by tax ID then NPI
- Scope of Care client coverage eligibility for services
- Coordination of Benefits
- A Provider link to ProviderOne Note: this link is for external providers and will not work for internal staff
- Contact the Customer Service Center

Online Resources

- Medicaid Providers' Home (cont'd)
- ✓ Links Tab

Washington State Health Care Authority
Medicaid

Search this site...

MEDICAID PROVIDER LINKS

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Providers Home | Training | Fact Sheets | Links | Claims and Billing | New Provider | Webinars | ProviderOne Manuals

Here are some information links that may be useful to a Medicaid Provider:

Alien Emergency Medical Program (AEM)

Authorization Services

Autism

Billing Instructions

Coordination of Benefits

Dental Services

Department of Social and Health Services (DSHS)

DSHS Division of Behavioral Health & Recovery (DBHR)

Document Cover Sheets

Drug Use Assistance

Durable Medical Equipment

Electronic Health Record Incentive Program

Emergency Rooms

Federal EOB and Taxonomy Code list

Federally Qualified Health Centers and Rural Health Clinics

Health Care Authority

Health Care Programs & Services

Healthy Options (Managed Care)

HIPAA Home Page

Hospital Payments

Interpreter Services

Kidney Disease Program

Medicaid Rule Making Actions

Medicaid State Plan

Mental Health Services

NPPES

Numbered Memos

Optical Providers for Adult Medicaid Clients

Pharmacy Information Site

Professional Services Rates

Provider Enrollment

ProviderOne Billing and Resource Guide

ProviderOne Information

ProviderOne Log-In

ProviderOne Security

ProviderOne System Manuals

Patient Review & Coordination Program

Regional Support Networks (RSN)

Substance Abuse Help

Swipe Card Readers

Tribal Health

Washington Administrative Code (WAC)

You may also want to visit:

- Budget Cuts how they affect the Medicaid Program
- ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage
- Join the Medicaid email list for providers to get the latest information specific to your business
- ProviderOne Weekly Claims Report Providers can check their claim statistics by tax ID then NPI
- Scope of Care client coverage eligibility for services
- Coordination of Benefits
- A Provider link to ProviderOne Note: this link is for external providers and will not work for internal staff
- Contact the Customer Service Center

Easy to find direct links to Medicaid Programs

Online Resources

➤ Dental Services Link

- Medicaid
 - Home
 - Contact Medicaid
 - Programs and Services Directory
- Client Services
 - Health Care Assistance ▶
 - Apple Health (Managed Care)
- Provider Services
 - Provider Information ▶
 - Durable Medical Equipment
 - Hospital Payments
 - Provider Guides and Notices ▶
 - Audits and Reviews
- Administration
 - Forms
 - Health Homes
 - HealthPath Washington
 - Provider Termination and Exclusion List
 - Publications
 - Reports ▶
 - Budget Information
 - State Plan for Medicaid
 - WAC Index

DENTAL PROVIDERS

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Dental Home | [ABCD](#) | [Adult](#) | [Children](#) | [Data](#) | [Forms](#) | [Orthodontics](#)

Dental Services

Services for Clients

For Providers

Important notices and memos for providers:

- [Adult Dental Coverage](#)
- Adult Dental is Reinstated effective January 1, 2014
[Current Medicaid Provider Guide \(pdf\)](#) (use for dates of service on and after January 1, 2014)
- Effective March 1, 2013, the [description and payment for the Case Study \(D8660\)](#) will be adjusted to include both the Cephalometric and Panoramic films.
- Updated [Eligibility Expedited Prior Authorizations](#) (7/1/12)
- [Decision Making Tool](#) (flow chart) (7/1/12)
- [Guide for Dental Providers](#) (all ages) (use for dates of service between May 1, 2013 and December 31, 2013)
- [Glossary of Terms](#)
- [Emergency Oral Healthcare Benefit](#) (see page 61 for all clients Age 21 and Older)

Effective October 1, 2011: Changes in coverage for some DDD Medicaid Adults:

- [Eligibility Expedited Prior Authorization Criteria](#)
- [Decision making tool](#) (flow chart)
- [Frequently Asked Questions and Answers for DDD](#)
- [Budget changes access to dental services for some clients](#) (2011)
- [Provider Memo](#) (2011)

Effective July 1, 2011: Restoration of Dental Services for some Medicaid adults:

- [Dental coverage for pregnant women](#) now includes a post partum period.
- [Eligibility Expedited Prior Authorization Criteria](#) (Includes DDD January 2011 - September 2011)
- [Decision making tool](#) (flow chart July 2011 - September 2011)
- [Program Coverage Table](#) (Includes DDD January 2011 - September 2011)

What's New

- Adult Dental is Reinstated effective January 1, 2014
[Current Medicaid Provider Guide \(pdf\)](#) (use for dates of service on and after January 1, 2014)
- Effective March 1, 2013, the [description and payment for the Case Study \(D8660\)](#) will be adjusted to include both the Cephalometric and Panoramic films.

Online Resources

➤ ProviderOne Billing and Resource Guide *

August 14, 2014



ProviderOne Billing and Resource Guide



This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process of billing the Washington Apple Health program of the Health Care Authority for covered services delivered to eligible clients.

* Link to
billing guide
on slide 183

Contact Us

ContactUs!

Select one to request more information about Washington Apple Health (Medicaid):

If you are looking for more information about eligibility, health plans, services cards or finding a provider click here:

Client

If you are a provider with questions about enrollment, billing policy, a claim denial or service limitations click here:

Provider

<https://fortress.wa.gov/dshs/p1contactus/>

Contact Us

ContactUs!

Information Request Form for Providers

Your Email Address:	<input type="text"/>
7 digit Provider ID: (Enter NPIs in Comments)	<input type="text"/>
FirstName:	<input type="text"/>
Business or Last Name:	<input type="text"/>
Select Topic:	<--Select-->
Other Comments:	<input type="text"/>

- Using the drop down Select Topic, gives the following topics to choose from:

<--Select-->

- <--Select-->
- Authorization
- Billing/Policy
- Claim Denial
- Client Eligibility Clarification
- Create Template/Batch
- Ordering-Referring-Prescribing
- Overpayment Dispute
- Provider Enrollment
- Service Limits
- Other

- 48 hour turnaround for **Service Limit** checks
- ✓ Be sure to include the Date of Service (DOS)
 - ✓ Procedure Code and the date range for search
 - ✓ ProviderOne Domain number

Contact Us

ContactUs!

Information Request Form for Providers

Your Email Address:	<input type="text" value="providerrelations@hca.wa.gov"/>		
7 digit Provider ID: (Enter NPIs in Comments)	<input type="text" value="1223333"/>		
FirstName:	<input type="text" value="Marci"/>		
Business or Last Name:	<input type="text" value="PRU Dental"/>		
Select Topic:	<input type="text" value="Service Limits"/>		
Client ID	<input type="text" value="002451234WA"/>	AND: Date of Service (mm/dd/yyyy)	<input type="text" value="6/5/2014"/>
Procedure Code:	<input type="text" value="D1110"/>	Type of service:	<input type="text" value="Prophy"/>
Other Comments:	<input type="text" value="NPI 1234567890 - Please check D1110 for last 6 months. Thank you!"/>		



****All responses to this box will be via email***

Online Resources

➤ Helpful Links Related To Client Eligibility

For the following fact sheets, use the hyperlink listed below:

- Client Services Card Fact Sheet
- Client Eligibility Verification Fact Sheet
- Interactive Voice Response Fact Sheet
- Magnetic Card Reader Fact Sheet
- <http://www.hca.wa.gov/medicaid/provider/pages/factsheets.aspx>

E-Learning webinar on how to check eligibility in ProviderOne:

<http://www.hca.wa.gov/medicaid/provider/Pages/webinar.aspx>

- Instructions available in Program Update memo dated [May 31, 2012](#)

Self-paced online tutorial on how to check Medicaid eligibility:

<http://www.hca.wa.gov/medicaid/ProviderOne/pages/phase1/tutorials.aspx>

ProviderOne Billing and Resource Guide:

http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx

Online Resources

Provider Training website for links to recorded Webinars, E-Learning, and Manuals

- <http://www.hca.wa.gov/medicaid/provider/pages/training.aspx>

Provider Enrollment website

- <http://www.hca.wa.gov/medicaid/provider/pages/newprovider.aspx>

Billing Questions

- providerrelations@hca.wa.gov

Online Resources

Dental Provider Web page:

<http://www.hca.wa.gov/medicaid/dentalproviders/Pages/dental.aspx>

Find the Dental Medicaid Provider Guide (formerly the Billing Instructions) at:

http://www.hca.wa.gov/medicaid/billing/pages/dental-related_services.aspx

Emergency Oral Health Factsheet:

<http://www.hca.wa.gov/medicaid/dentalproviders/Pages/index.aspx>

Dental email for Providers:

dentalprovhelp@hca.wa.gov

